



State of Rhode Island  
**Department of State - Business Services Division**

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 BUSINESS SERVICES DIVISION  
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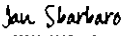
**Application for Registration**  
 FOREIGN Limited Liability Company  
 → Filing Fee: \$150.00

Pursuant to the provisions of RIGL ~~7-16-49~~, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Color Employer, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 11/04/2022		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Corporate Creations Network Inc.		
Street Address (NOT a P.O. Box) 10 Dorrance Street #700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Health IT		
Check the box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

*W3* FILED *12/2*  
 MAR 28 2023  
 BY 28019

<p>6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.</p>											
<p>7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:</p> <p>Maples Fiduciary Services (Delaware) Inc - 4001 Kennett Pike, Suite 302, Wilmington, DE, 19807</p>											
<p>8. The mailing address for the limited liability company is:</p> <p>475 Allendale Road, Suite 100, King of Prussia, Pennsylvania 19406</p>											
<p>9. Management of the Limited Liability Company:</p> <p>The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b></p> <p><input checked="" type="checkbox"/> By its members (If you have checked this box, <b>DO NOT</b> fill out the chart below)</p> <p><input type="checkbox"/> By one (1) or more managers (List managers below)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">MANAGER</th> <th>ADDRESS</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		MANAGER	ADDRESS								
MANAGER	ADDRESS										
<p>10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.</p>											
<p>11. Date when this application for Certificate of Registration will be effective: <b>CHECK ONE BOX ONLY</b></p> <p><input checked="" type="checkbox"/> Date received (Upon filing)</p> <p><input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____</p>											
<p><i>Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i></p>											
<p>Type or Print Name of LLC</p> <p>Color Employer, LLC</p>	<p>Date</p> <p>3/14/2023</p>										
<p>Signature of Authorized Person</p> <p><small>DocuSigned by</small>  </p>											

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLOR EMPLOYER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLOR EMPLOYER, LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7121943 8300

SR# 20231136781

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202999218

Date: 03-24-23



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

March 28, 2023 12:12 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

