



State of Rhode Island
Department of State - Business Services Division



Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAY 17 P 1:33

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: | | |
| Social Loans LLC | | |
| Is this company organized in its state or country of formation as a low-profit limited liability company? | | Yes 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. California | | |
| 3. The date of its organization is: 10/08/2021 | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| Date certain for dissolution _____ | | |
| 4. The name and address of the resident agent/office in Rhode Island is: | | |
| Agent Name C T Corporation System | | |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: | | |
| Financial Services | | |
| Check the box to indicate an attachment | | |

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

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 BY ML JWF YR

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.

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:

555 W 5th St, Fl 35, LOS ANGELES, CA 90013

8. The mailing address for the limited liability company is:

555 W 5th St, Fl 35, LOS ANGELES, CA 90013

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

By its members (If you have checked this box, **DO NOT** fill out the chart below)

By one (1) or more managers (List managers below)

| MANAGER | ADDRESS |
|-----------------|--|
| Rodney Williams | 555 W 5th St, Fl 35, LOS ANGELES, CA 90013 |
| Travis Holoway | 555 W 5th St, Fl 35, LOS ANGELES, CA 90013 |
| | |
| | |

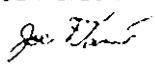
10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

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.

| | |
|---|--------------------|
| Type or Print Name of LLC JOE DAVIS, MANAGER | Date 05/10/2023 |
| Signature of Authorized Person  | |



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SOCIAL LOANS LLC
Entity No.: 202128510503
Registration Date: 10/08/2021
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 16, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 109023523

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.



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:

May 17, 2023 01:33 PM

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

Gregg M. Amore
Secretary of State

