



State of Rhode Island  
Office of the Secretary of State

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Succession Institute, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: TX Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 08/08/2023

**ARTICLE IV**

The date of its organization is: 10/16/2007

**ARTICLE V**

The period of its duration is: ☒ Perpetual ☐

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 78 MESHANTICUT VALLEY PARKWAY  
City or Town: CRANSTON  
Name: BILL PIROLLI

State: RI Zip: 02920

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PROVIDE ADVICE TO CPA FIRMS ON HOW TO MANAGE THEIR BUSINESS, &  
PROVIDE  
TRAINING TO CPA FIRMS ON HOW TO BE A TRUSTED BUSINESS ADVISOR.

#### ARTICLE VIII

The Rhode Island 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.

#### ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 2603 PEARCE RD  
City or Town: AUSTIN State: TX Zip: 78730 Country: USA

#### ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 2603 PEARCE RD  
City or Town: AUSTIN State: TX Zip: 78730 Country: USA

#### ARTICLE XI

The limited liability company is to be managed by its X Members\* or     Managers (check one)

\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS (Individuals hired by the members with no ownership interest).

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Signed this 8 Day of August, 2023 at 3:44:00 PM by the Authorized Person.

MELANIE AVANT

Form No. 450  
Revised 09/07

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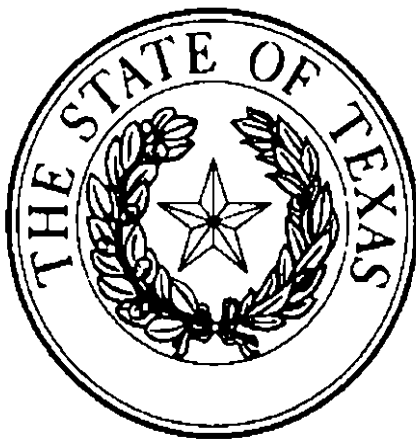
## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Succession Institute, LLC (file number 800884930), a Domestic Limited Liability Company (LLC), was filed in this office on October 16, 2007.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 31, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State



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:

August 08, 2023 03:43 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

