



**Application for Registration**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 AUG 28 P 1:41

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:   |                              |   |
| Booking.com Distribution Insurance Solutions, 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: 02/27/2023   |                              |   |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b>   |                              |   |
| <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 C T Corporation System  |                              |   |
| Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                    |                              |   |
| City/Town<br>East Providence   | State<br><b>RHODE ISLAND</b> | Zip Code<br>02914   |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: |                              |   |
| Insurance Producer (Agent-Broker)  |                              |   |
| 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

**FILED**

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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:

1209 Orange Street, Wilmington, DE 19801

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

28 Liberty Street, New York, NY 10005

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 |
|---------|---------|
|         |         |
|         |         |
|         |         |
|         |         |

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<br>Booking.com Distribution Insurance Solutions, I.L.C. | Date<br>08/21/2023 |
|---|--------------------|

Signature of Authorized Person

LISA D. DJBOIS, MANAGER



# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOOKING.COM DISTRIBUTION INSURANCE SOLUTIONS, 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-FIFTH DAY OF AUGUST, A.D. 2023.

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



  
Jeffrey W. Bullock, Secretary of State

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SR# 20233344746

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

Authentication: 204040591

Date: 08-25-23