



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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2023 OCT 27 P 12:37

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:		
Lucidita Consulting LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒		
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: State of Florida		
3. The date of its organization is December 1, 2022		
And the period of its duration is. CHECK ONE BOX ONLY		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Kristen Coughlin		
Street Address (NOT a P.O. Box) 79 Hillside Ave.		
City/Town Providence	State RHODE ISLAND	Zip Code 02906
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Consulting services related to organizational development and grantwriting.		
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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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
4116 8th Ave South, Unit A, St Petersburg, FL 33711

8. The mailing address for the limited liability company is:
79 Hillside Ave., Providence, RI 02906

9. Management of the Limited Liability Company: **CHECK ONLY ONE BOX**

☒ Members (Owners) **DO NOT**
complete the chart below.

OR

☐ Managers (Individuals hired by the members with no
ownership interest) Complete the chart below.

MANAGER NAME

ADDRESS

Check the box to indicate an attachment ☐

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
Lucidita Consulting LLC

Date
10/27/2023

Signature of Authorized Person

Kristen E. Cery

State of Florida

Department of State

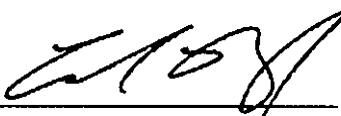
I certify from the records of this office that LUCIDITA CONSULTING LLC is a limited liability company organized under the laws of the State of Florida, filed on December 6, 2022, effective December 1, 2022.

The document number of this limited liability company is I.22000511930.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on April 14, 2023, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eighteenth day of October,
2023*




Secretary of State

Tracking Number: 8912574434C1

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

October 27, 2023 12:37 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

