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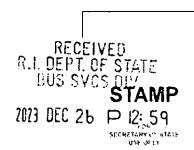


State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

-> Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:				
RW AM Parent Corp.				
2. It is incorporated under the laws of:	Delawa	are		
3. The name, if different, which it elects to use in Rhode Island is:				
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
4. The date of its incorporation is:	oration is: 02/28/2022			
And the period of its duration is: CHECK ONE BOX ONLY Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
1 Glenlake Parkway NE, Suite 1400 Atlanta, GA 30328				
6. The name and address of the initial registered agent/office in Rhode Island:				
gent Name Cogency Global Inc.				
Street Address (NOT a P.O. Box) 222 Jefferson Blvd.				
City/Town Warwick	State RHODE ISLAND	Zip Code 02888		

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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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Offices of Other Holding Companies					
8. (a) The names and re state or country of which		(optional, unless d	irectors are required under the laws of the		
NAME		Α	DDRESS		
Greg Welle	r 1 Gle	enlake Parkway NE	ke Parkway NE, Suite 1400 Atlanta, GA 30328		
Joshua Burnette 1 Gleni		enlake Parkway NE	ake Parkway NE, Suite 1400 Atlanta, GA 30328		
Anand Naimpally 1 Glenl		enlake Parkway NE	ake Parkway NE, Suite 1400 Atlanta, GA 30328		
			Check the box to indicate an attachment		
	spective addresses of its principal which it is incorporated):	officers (mandator	y if directors are not required under the laws		
OFFICE	NAME		ADDRESS		
PRESIDENT	Greg Weller	1 Glenlake	Parkway NE, Suite 1400 Atlanta, GA 30328		
VICE PRESIDENT	Tina Bao	1 Glenlake	Parkway NE, Suite 1400 Atlanta, GA 30328		
TREASURER	Anand Naimpally	1 Glenlake	1 Glenlake Parkway NE, Suite 1400 Atlanta, GA 30328		
SECRETARY	Joshua Burnette	1 Glenlake	Parkway NE, Suite 1400 Atlanta, GA 30328		
			Check the box to indicate an attachment		
The aggregate number par value, and series, if	•	o issue; itemized b	y classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
1,000	A		\$0.01		
	<u> </u>				
		. <u>.</u>			
			of the property of the corporation to be		
	ever located. (Note: Percentage of		perty of the corporation to be owned during heet.)		
0 0,					
%					
			ousiness to be transacted by the corporation		
at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)					
1 %					
~~					

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 12. 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 this filing. 13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY 				
14. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of Authorized Officer	Date			
Josh Burnette	12/18/2023			
Signature of Authorized Officer of the Corporation				

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RW AM PARENT CORP" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RW AM PARENT CORP" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204856990

Date: 12-19-23

6644246 8300 SR# 20234272417 RI SOS Filing Number: 202343557630 Date: 12/26/2023 12:59:00 PM



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:

December 26, 2023 12:59 PM

Gregg M. Amore Secretary of State

Treg M. Coure

