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## State of Rhode Island

## **Department of State - Business Services Division**

## **Application for Transfer of Authority**

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FOREIGN Business Corporation, Limited Partnership,

Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

7024 JAN 22 P 1: 21

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the entity filing this application is:		
000107941	GuardHill Financial Corp.		
3. The applicant is a duly qualified	foreign: (CHECK ONE BO	X ONLY)	
Limited Liability Company	X Business Corporation		Non-Profit Corporation
Limited Partnership	Limited Liability Partnership		
4. The applicant submits this appli	cation for the purpose of tra	ansferring its autho	rity to a: (CHECK ONE BOX ONLY)
X Limited Liability Company (RIGL <u>7-16-52.1</u> )		Business Corporation (RIGL <u>7-1.2-1411.1</u> )	
(		Limited Partnership or Limited Liability Limited Partnership (RIGL <u>7-13.1-1009</u> )	
Limited Liability Partnership	<u> </u>	<del>,</del>	
5. The date the applicant qualified to conduct business in		6. The jurisdiction upon transfer of authority is:	
Rhode Island is: 08-19-1999		Delaware	
7. The name of the entity following	g the transfer of authority is:		
GuardHill Financial LLC			
8. The application for transfer of a	uthority is filed as an accon	npanying certificate	to the: CHECK ONE BOX ONLY
X Application for registration for	or a Limited Liabilty Compar	пу	
Application for certificate of	authority for a Business Co	rporation	
Application for certificate of	authority for a Non-Profit Co	orporation	
Statement of registration for			
Statement of registration for			
9. This Transfer of Authority and a	applicable Application/Certif	icate/Notice must b	be accompanied by a Certificate of Good
Standing/Legal Existence from th	e current jurisdiction of the	entity.	<b>5</b> 11 = -

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 22 2024 BY OWS Hy

10. TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for ing any accompanying attachments, and that all statements contained herein are true and cor is authorized to sign this certificate on behalf of the entity set forth above.  Type or Print Name of Limited Liability Company	Transfer of Authority, includ- rect and that the undersigned
GuardHill Financial LLC	
Signature of Authorized Person	Date
alan Rosenbaum	1/19/2024
Signature of Authorized Person	Date
Type or Print Name of Corporation	
GuardHill Financial Corp.	
Signature of Authorized Person	Date
alan Kosenbaum	1/18/2024
Signature of Authorized Person	Date
Type or Print Name of Partnership	
1, p. 3. 1 13 3. 1 3. 1 3. 1 3. 1 3. 1 3. 1 3. 1 3. 1	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date
Type or Print Name of Other Entity	
Type S. F. Militanie S. Giller Elliny	
Signature of Authorized Person	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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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:

January 22, 2024 01:21 PM

Gregg M. Amore Secretary of State

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