



State of Rhode Island  
Department of State - Business Services Division

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

**STAMP**

REC'D RIDGS, BSD  
24 MAR 4 PM 1:00:25

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:			
INCENTER 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:		01/05/2016	
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		COGENCY GLOBAL INC.	
Street Address (NOT a P.O. Box)		222 Jefferson Boulevard	
City/Town	Warwick	State	RHODE ISLAND
		Zip Code	02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Insurance brokerage			
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**

ML  
MAR 04 2024 P  
BY AYNDG  
1:00

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:

c/o COGENCY GLOBAL INC. 850 NEW BURTON ROAD, SUITE 201 DOVER, DE 19904

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

550 Pinetown Rd, Ft Washington, PA 19034

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  
INCENTER INSURANCE SOLUTIONS LLC

Date  
2/22/24

Signature of Authorized Person  


# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INCENTER 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 EIGHTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INCENTER INSURANCE SOLUTIONS LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2016.

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



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SR# 20240428102

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202775076

Date: 02-08-24



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:

March 04, 2024 01:00 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

