



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: EXCELLENS LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

EXCELLENS services

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: NH Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 03/24/2024

**ARTICLE IV**

The date of its organization is: 7/16/2021

**ARTICLE V**

The period of its duration is:  Perpetual

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 10 DORRANCE STREET  
SUITE#700, PMG#436

City or Town: PROVIDENCE

State: RI

Zip: 02903

Name: WENDY DUBOIS

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

RECRUITMENT AND BILLING SERVICES TO ENCOURAGE EXPANSION BUSINESS TO THE STATE OF RI

**ARTICLE VIII**

The Rhode Island 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.

**ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 10 DORRANCE STREET  
SUITE#700, PMG#436  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 500 N. COMMERCIAL STREET  
SUITE 502CA  
City or Town: MANCHESTER State: NH Zip: 03101 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its X Members\* or     Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein*

*are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 24 Day of March, 2024 at 3:35:28 PM by the Authorized Person.**

**WENDY DUBOIS**

Form No. 450  
Revised 09/07

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# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that EXCELLENS LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on July 16, 2021. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **876082**

Certificate Number: **0006628922**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 24th day of March A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State



## Search for an entity

[Search Historic Corporate Catalog](#)

[Search assistance. . .](#)

Status  Active  Inactive

**Search by entity name** (Corp., LP, LLP, LLC, Non-resident Landlord)

Enter name:  Search type:  ▼

**Search by an individual name** (Officer, Director, etc.) Search type:  ▼

First:  Middle:  Last:

**Search by Identification Number**  Must be 9 digits

**Search by Filing Number**  Must be 12 digits

**Search by Agent**  Search type:  ▼

**Search by a Business Address**

**Search by a Purpose**

**Search by NAICS code** [Help](#) ?  Must be 2 to 6 digit code

Display number of items to view:  ▼ per page

\* No records found; try a new search using different criteria



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 24, 2024 03:35 PM

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

Gregg M. Amore  
*Secretary of State*

