



State of Rhode Island
Department of State - Business Services Division

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24 MAY 30 PM 1:57:03

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:		
&Partners, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes 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:		
Tennessee		
3. The date of its organization is:		
12/7/1995		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name		
C T Corporation System		
Street Address (<u>NOT</u> a P.O. Box)		
450 Veterans Memorial Parkway, Suite 7A		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Investment Advisory Services		
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:


40 Burton Hills Blvd., Suite 350 Nashville, TN 37215

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

40 Burton Hills Blvd., Suite 350 Nashville, TN 37215

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

Members (Owners) **OR** X Manager(s). Complete the chart below.
DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Scott Nelson	40 Burton Hills Blvd., Suite 350, Nashville, TN 37215

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**

X 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

Scott Nelson, Manager

Date

May 28, 2024

Signature of Authorized Person

Signature of Authorized Person
Scott Nelson

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.



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

WOLTERS KLUWER
WOLTERS KLUWER
600 SOUTH 2ND STREET SUITE 104
SPRINGFIELD, IL 62704

May 20, 2024

Request Type: Certificate of Existence/Authorization

Request #: 0584145

Issuance Date: 05/20/2024

Copies Requested: 1

Document Receipt

Receipt #: 009008868

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3874508312

\$20.00

Regarding: &Partners, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 12/07/1995

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 303919

Date Formed: 12/07/1995

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

&Partners, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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