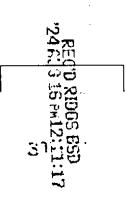
State of Rhode Island Department of State - Business Services Division

Application for Transfer of Authority

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

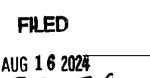


Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number:	2. The full name of the entity filing this application is:				
001681576	The Cadmus Group LLC				
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)					
X Limited Liability Company	Business Cor	poration Non-Profit Corporation			
Limited Partnership	Limited Liability Partnership				
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)					
Limited Liability Company (RIGL 7-16-52.1)					
Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership or Limited Liability Limited Partnership (RIGL <u>7-13.1-1009</u>)					
Limited Liability Partnership (RIGL 7-12.1-1009)					
5. The date the applicant qualified to conduct business in 6. The jurisdiction upon transfer of authority is:					
Rhode Island is:	02/16/2018	DELAWARE			
7. The name of the entity following the transfer of authority is:					
The Cadmus Group LLC					
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY					
Application for registration for a Limited Liability Company					
Application for certificate of authority for a Business Corporation					
Application for certificate of authority for a Non-Profit Corporation					
Statement of registration for a Limited Partnership					
Statement of registration for a registered Limited Liability Partnership					
9. This Transfer of Authority and a	pplicable Application/Certifi	cate/Notice must be accompanied by a Certificate of G	ood		
Standing/Legal Existence from the current jurisdiction of the entity.					

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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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 ing any accompanying attachments, and that all statements contained herein are true an is authorized to sign this certificate on behalf of the entity set forth above.		
Type or Print Name of Limited Liability Company		
The Cadmus Group LLC		
Signature of Authorized Per Udi H	Date 8/15/2024	
Signature of Authorized Person	Date	···· .
Type or Print Name of Corporation		- 342.
Signature of Authorized Person	Date	
Signature of Authorized Person	Date	
Type or Print Name of Partnership		
Signature of Partner	Date	
Signature of Partner	Date	• •
Signature of Partner	Date	<u>-</u>
Type or Print Name of Other Entity		
Signature of Authorized Person	Date	
Signature of Authorized Person	Date	

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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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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:

August 16, 2024 12:11 PM

Treng M. Course

Gregg M. Amore Secretary of State

