

State of Rhode Island Department of State - Business Services Division

Application for Registration

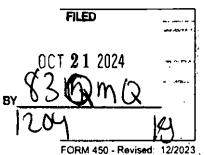
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

purpose submits the following statement.			
1. The name of the limited liability compa	any is:		
Renuity Operations, LLC			.
Is this company organized in its state or	country of formation as a low-p	rofit limited liability company?	Yes 📄 No 🗴
The name, if different, under which it pro	poses to register and transact	business in Rhode Island is:	
2. The LLC is organized under the laws of	^{of:} Delaware		
3. The date of its organization is: 02/14	4/2020		
And the period of its duration is: CHECH	ONE BOX ONLY		
Perpetual (on-going)			
Date certain for dissolution			•
4. The name and address of the resident	t agent/office in Rhode Island is		<u><</u>
Agent Name Registered Agent Solu			
Street Address (<u>NOT</u> a P.O. Box) 222 J	efferson Blvd, Suite 200		د به هم المحمد المحم
City/Town Warwick	State RHODE ISLAND	Zip Code 02888	100 04167 -
5. The purpose or purposes which it prop	poses to pursue in the transacti	on of business in Rhode Island a	
Home Improvement			
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			4. 111 11 (111)
			-
		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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		eign limited liability company for service of process not be found or served following the exercise of re	
7. The address of the office required to if not so required, of the principal office		ate or country of its organization by the laws of tha bility company is:	t state or,
838 Walker Road, Suite 21-2, D	over, DE 19904		
8. The mailing address for the limited I	iability company is:		*
4916 E Broadway, Madison, WI	53716		·
9. Management of the Limited Liability	Company: CHECK ONE	BOX ONLY	
Members (Owners) DO NOT complete the c	OR hart below.	Manager(s). Complete the chart below.	1
	MANAGER(S) NAME	ADDRESS	• :
	Cory Henke	4916 E Broadway, Madison, WI 53716	•.
			#77.4.# ·
		Check the box to indicate an attachr	ment
10. This application must be accompa	nied by a Certificate of G	ood Standing/Letter of Status from the state or col	
formation dated within 60 days of the o	late of filing.		· · · · · · · · · · · · · · · · · · ·
11. Date when this application for Cert	ficate of Registration will	be effective: CHECK ONE BOX ONLY	
Date received (Upon filing)			• •••
Later effective date (Date must be	e no more than 90 days fi	rom the date of filing)	· · ·
Under penalty of perjury, I declare and accompanying attachments, and that a		ned this Application for Registration, including any herein are true and correct.	
Type or Print Name of LLC		Date	
Renuity Operations, LLC		10-17-24	
Signature of Authorized Person	<u>, 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199</u>		Ţ,
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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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FORM 450 - Revised: 12/2023

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RENUITY OPERATIONS, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENUITY OPERATIONS, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2020.

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



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SR# 20243975041 You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204656297 Date: 10-17-24

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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:

October 21, 2024 12:04 PM

Trey M. Coure

Gregg M. Amore Secretary of State

