



State of Rhode Island  
Department of State - Business Services Division

**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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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:			
Trusted American Mortgage, 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:			
Colorado			
3. The date of its organization is:			
04/01/2015			
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	Zip Code
		RHODE ISLAND	02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
Mortgage Brokering and Lending			
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](http://www.sos.ri.gov)

**FILED**

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BY 7488m

FORM 450 - Revised 12/2023

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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:  <div style="text-align: center;">5775 DTC Blvd #400 Greenwood Village, CO 80111</div>		
8. The mailing address for the limited liability company is:  <div style="text-align: center;">5775 DTC Blvd #400 Greenwood Village, CO 80111</div>		
9. Management of the Limited Liability Company: <b>CHECK ONE BOX ONLY</b>		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> Members (Owners) DO NOT complete the chart below.         </div> <div>OR</div> <div> <input checked="" type="checkbox"/> Manager(s). Complete the chart below.         </div> </div>		
	MANAGER(S) NAME	ADDRESS
	Patrick Donlon	5775 DTC Blvd #400 Greenwood Village, CO 80111
Check the box to indicate an attachment <input type="checkbox"/>		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____		
<i>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.</i>		
Type or Print Name of LLC  <div style="text-align: center;">Trusted American Mortgage, LLC</div>	Date  <div style="text-align: center;">10/03/2024</div>	
Signature of Authorized Person  		

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](mailto:corporations@sos.ri.gov).

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Trusted American Mortgage LLC

is a

Limited Liability Company

formed or registered on 04/01/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151229444 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/07/2024 that have been posted, and by documents delivered to this office electronically through 11/12/2024 @ 06:27:22 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/12/2024 @ 06:27:22 in accordance with applicable law. This certificate is assigned Confirmation Number 16556539



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."



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:

November 12, 2024 12:19 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

