



State of Rhode Island
Department of State - Business Services Division

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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:		
PFM GROUP CONSULTING 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: Delaware		
3. The date of its organization is: 01/15/2016		
And the period of its duration is: CHECK ONE BOX ONLY		
<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 Registered Agent Solutions, Inc.		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Unregulated Consulting Business		
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

FILED

NOV 19 2024

BY

V1KEX
1212

PFM GROUP CONSULTING LLC

Manager List

Name	Title	Address
Daniel Hartman	Manager	1735 Market Street, 42nd Floor, Philadelphia, PA 19103
Michael Nadol	Manager	1735 Market Street, 42nd Floor, Philadelphia, PA 19103
Cheryl D. Maddox	Manager	1735 Market Street, 42nd Floor, Philadelphia, PA 19103

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:

1735 Market Street, 42nd Floor, Philadelphia, PA 19103

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

1735 Market Street, 42nd Floor, Philadelphia, PA 19103

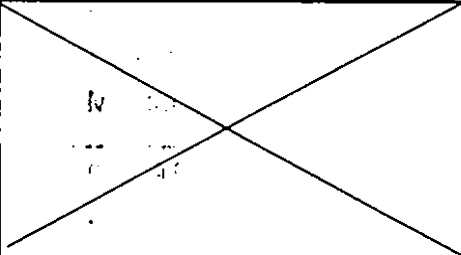
9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☐ Members (Owners)

DO NOT complete the chart below.

OR

☒ Manager(s). Complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Please see attached	

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**

☒ 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

Monique Berke

Date

11/18/2024

Signature of Authorized Person

Monique Berke

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PFM GROUP CONSULTING 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2024.

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PFM GROUP CONSULTING LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2016.

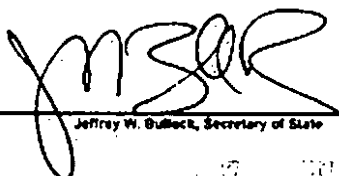
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5937283 8300

SR# 20244237822

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204896502

Date: 11-18-24



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 19, 2024 12:12 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

