



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D RIDOS BSD
24 NOV 21 PM 12:32:52**STAMP**FOR
SECRETARY OF STATE
USE ONLY

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:		
LEAP PROGRAMS, 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:		
AUGUST 2, 2023		
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		
COGENCY GLOBAL INC.		
Street Address (NOT a P.O. Box)		
222 JEFFERSON BOULEVARD		
City/Town	State	Zip Code
WARWICK	RHODE ISLAND	02888
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Software business and any affairs necessary, appropriate, or incidental thereto.		
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 **STAMP**

NOV 21 2024

BY

H082m
1232

ky

FORM 450 - Revised: 12/2023

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:

29 WEST 17TH STREET, 10TH FLOOR, NEW YORK, NY USA 10011

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

29 WEST 17TH STREET, 10TH FLOOR, NEW YORK, NY USA 10011

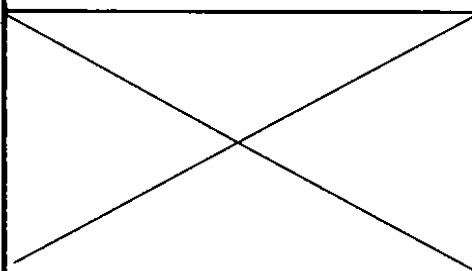
9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

☒ Members (Owners)

OR

☐ Manager(s). Complete the chart below.

DO NOT complete the chart below.

	MANAGER(S) NAME	ADDRESS

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

LEAP PROGRAMS, LLC

Date

11 / 07 / 2024

Signature of Authorized Person

Patrick Skelly

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LEAP PROGRAMS, 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 SEVENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEAP PROGRAMS,
LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2023.


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



7602002 8300

SR# 20244152157

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204818710

Date: 11-07-24



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 21, 2024 12:32 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

