RI SOS Filing Number: 202461577200 Date: 12/11/2024 2:59:00 PM



## 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 <u>7-16-4</u> applies for a Certificate of Registration to purpose submits the following statement:	transact business in the State		<del></del>		
1. The name of the limited liability compa	any is:				
Concord Servicing LLC		·			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No 🗙					
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: 01/26/2022					
And the period of its duration is: CHECH	CONE BOX ONLY				
X Perpetual (on-going)					
Date certain for dissolution					
4. The name and address of the residen	t agent/office in Rhode Island is				
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			
5. The purpose or purposes which it prop	poses to pursue in the transacti	on of business in Rhode Island	ire:		
Concord is an independent third party loan servicer and technology provider. Concord performs billing, payment processing, customer service, delinquency collections on behalf of its corporate clients' consumer receivables. Third party back office solutions including billing, payment processing and delinquency collections					
,					
		Check the box to indicate	e 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 STAMP
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6. The RI Department of State is appoint any time, there is no resident agent or if diligence.	ed the agent of the foreign limit the resident agent cannot be fo	ed liability company for service of process if, at und or served following the exercise of reasonable			
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:					
4343 N. Scottsdale Rd., Ste. 270, Scottsdale, AZ 85251					
8. The mailing address for the limited liability company is:					
4343 N. Scottsdale Rd., Ste. 270, Scottsdale, AZ 85251					
9. Management of the Limited Liability C	ompany: CHECK ONE BOX O	NLY			
Members (Owners) OR X Manager(s). Complete the chart below.  DO NOT complete the chart below.					
	MANAGER(S) NAME	ADDRESS			
	Jason L. Alexander	4106 E. Lonesome Trail, Cave Creck, AZ 85331			
	Sonja M. Yurkiw	31 E. Thomas Rd., Ste. 309, Phoenix, AZ 85012			
		Check the box to Indicate an attachment			
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: CHECK ONE BOX ONLY					
X 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	Date				
Sonja M. Yurkiw	12/9/24				
Signature of Authorized Person					

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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:

December 11, 2024 02:59 PM

Gregg M. Amore Secretary of State

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