

**State of Rhode Island  
Department of State - Business Services Division****Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D RIDOS \$50  
TAMP  
24 DEC 30 PM 1:06:31  
FOR  
SECRETARY OF STATE  
OFFICE 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:

CredLens, 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: **Indiana**3. The date of its organization is: **01/03/2024**And the period of its duration is: **CHECK ONE BOX ONLY**☒ Perpetual (on-going)☐ Date certain for dissolution \_\_\_\_\_

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name **Corporation Service Company**Street Address (NOT a P.O. Box) **222 Jefferson Boulevard, 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:  
**SEE ATTACHMENT**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](http://www.sos.ri.gov)**FILED STAMP**

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FOR  
SECRETARY OF STATE  
OFFICE ONLY

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:

10 W. Market St., Suite 1100, Indianapolis, IN 46204

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

2001 Pennsylvania Ave NW, Suite 1100, Washington, DC 20006

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
	SEE ATTACHMENT	

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

CredLens, LLC

Date

12/19/2024

Signature of Authorized Person

DocuSigned by:

*Darina P. Biddle*

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Attachment to State of Rhode Island Department of State – Business Services Division  
Application for Registration

Business Purpose

The purposes of the Company are to:

- (a) Promote the advancement of education and workforce training systems and the empowerment of educators and learners through enhancing the data, information, and research available to understand credential outcomes;
- (b) Provide information, resources, and support to education and workforce training providers and members of the general public to enable equitable education and employment pathways leading to social and economic mobility;
- (c) Advance the Code Section 501(c)(3) charitable purposes of Strada Education Foundation, Inc. (the "Foundation") to develop and support programs, policies, and organizations that strengthen connections between postsecondary education and opportunity in the U.S.; and
- (d) In furtherance of such purposes, conduct any and all lawful business and activities for which limited liability companies may be organized under the Act.

Manager(s) Name	Address
Chantee Eldridge	10 W. Market St., Suite 1100, Indianapolis, IN 46204
Jon Furr	2001 Pennsylvania Ave NW, Suite 1100, Washington, DC 20006
Heather McKay	2001 Pennsylvania Ave NW, Suite 1100, Washington, DC 20006
Larry A. Lutz	10 W. Market St., Suite 1100, Indianapolis, IN 46204
Miriam W. Strouse	10 W. Market St., Suite 1100, Indianapolis, IN 46204
Michael G. Austin	10 W. Market St., Suite 1100, Indianapolis, IN 46204
Rhonda E. Powell	2001 Pennsylvania Ave NW, Suite 1100, Washington, DC 20006
Stephen M. Moret	2001 Pennsylvania Ave NW, Suite 1100, Washington, DC 20006

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CREDLENS, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 03, 2024, and was in existence or authorized to transact business in the State of Indiana on December 20, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 20, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on January 19, 2025.



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:

December 30, 2024 01:06 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

