



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

2025 FEB 25 AM 10:44

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:		
INTEGRATED BEHAVIORAL INTELLIGENCE SOLUTIONS 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: STATE OF FLORIDA		
3. The date of its organization is: DECEMBER 14, 2012		
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 CAROL GAFFNEY		
Street Address (NOT a P.O. Box) 11 CALDER DRIVE		
City/Town WARREN	State RHODE ISLAND	Zip Code 02885
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: TO PROVIDE BEHAVIORAL TRAINING TO ENABLE INDIVIDUALS TO ACHIEVE THEIR RESPECTIVE GOALS.		
RI DOS MADE EDITS PER FILER		
Check the box to indicate an attachment <input checked="" 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

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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:

11 CALDER DR., WARREN, RI 02885

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

11 CALDER DR., WARREN, RI 02885

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



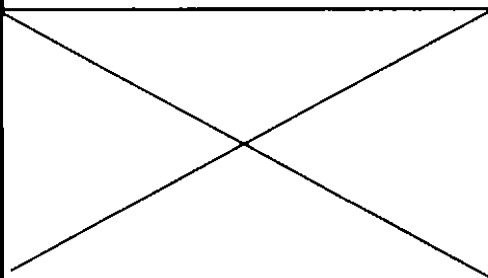
Members (Owners)

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

INTG. BEHAVIORAL INTELLIGENCE SOLUTIONS LLC

Date

2/19/2025

Signature of Authorized Person

Carol Gaffney

State of Florida

Department of State


I certify from the records of this office that INTEGRATED BEHAVIORAL INTELLIGENCE SOLUTIONS LLC is a limited liability company organized under the laws of the State of Florida, filed on November 13, 2012, effective December 14, 2012.

The document number of this limited liability company is I.12000143349.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on April 11, 2024, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eighteenth day of February,
2025*




Secretary of State

Tracking Number: 3366456079CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

February 25, 2025 10:44 AM

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

Gregg M. Amore
Secretary of State

