



**State of Rhode Island**  
**Department of State - Business Services Division**

### Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D RI SOS BSD  
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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:

**Veterinary Staffing Solutions 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: **09/12/2017**

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:

**Veterinary relief staffing**

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**

**MAR 07 2025**

BY **NBQWW**  
**1222** **ES**

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:

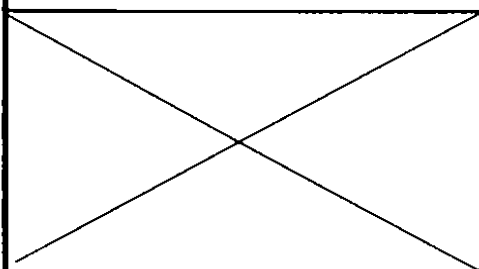
325 Chestnut Street, Suite 1101, Philadelphia, PA 19106

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

325 Chestnut Street, Suite 1101, Philadelphia, PA 19106

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

Veterinary Staffing Solutions LLC

Date

3/5/25

Signature of Authorized Person

*Emily Perkins*

# Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VETERINARY STAFFING SOLUTIONS 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 SIXTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VETERINARY STAFFING SOLUTIONS LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2017.

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



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SR# 20250955860

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*C. P. Sanchez*

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203102315

Date: 03-06-25



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:

March 07, 2025 12:22 PM

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

Gregg M. Amore  
*Secretary of State*

