



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$150.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: ARES Retirement Plan Services LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: TN Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 04/10/2025

**ARTICLE IV**

The date of its organization is: 7/8/2022

**ARTICLE V**

The period of its duration is: ☒ Perpetual ☐

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEFFERSON BLVD

City or Town: WARWICK

State: RI Zip: 02888

Name: COGENCY GLOBAL INC

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

**THIRD PARTY ADMINISTRATOR FOR DEFINED BENEFIT AND DEFINED CONTRIBUTION PLANS**

**ARTICLE VIII**

The Rhode Island 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.

**ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 5100 POPLAR AVE  
SUITE 810

City or Town: MEMPHIS State: TN Zip: 38137 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 5100 POPLAR AVE  
SUITE 810

City or Town: MEMPHIS State: TN Zip: 38137 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its X Members\* or     Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|------------------------------------------------|------------------------------------------------------------|
|-------|------------------------------------------------|------------------------------------------------------------|

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 10 Day of April, 2025 at 3:48:29 PM by the Authorized Person.**

CHERIE DEVORE

Form No. 450  
Revised 09/07

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**Tre Hargett**  
Secretary of State

**Division of Business and Charitable Organizations**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks Avenue, 6th Floor  
Nashville, Tennessee 37243  
Phone: 615-741-2286  
sos.tn.gov/

KAREN DEVORE  
106 CASEY TER  
HOT SPRINGS, AR 71901, USA

04/10/2025

**Request Type: Certificate of Existence/Authorization**

Issuance Date: 04/10/2025

Request #: C2025021885

**Document Receipt**

Order Number: C2025021885

Verification #: 6799DB6F

Receipt #: 2025-267577

Filing Fee: \$20.00

Payment: Credit Card - 3896136900

\$0.00

Entity Name: ARES RETIREMENT PLAN SERVICES, LLC

SOS Control #: 001331124

Initial Filing Date: 07/08/2022

Entity Type: Limited Liability Company (LLC)

Formation Locale: TENNESSEE

Status: Active

Duration Term: Perpetual

Fiscal Year Close: December

Annual Report Due: 04/01/2026

Business County: SHELBY

Managed By: Director Managed

Obligated Member Entity: No

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**ARES RETIREMENT PLAN SERVICES, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Verification #: 6799DB6F



**Tre Hargett**  
Secretary of State

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HOT SPRINGS, AR 71901, USA

**Request Type: Certified Copies**

Order #: C2025021885

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Copies Requested: 1

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\$ .00

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that **ARES RETIREMENT PLAN SERVICES, LLC**, Control # 001331124 was formed or qualified to do business in the State of Tennessee on 07/08/2022. ARES RETIREMENT PLAN SERVICES, LLC has a home jurisdiction of TENNESSEE and is currently in Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.

Tre Hargett  
Secretary of State

**Tracking #**

**Date Filed**

**Filing Description**



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:

April 10, 2025 03:47 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

