



State of Rhode Island  
Department of State - Business Services Division

**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
R.I. DEPT. OF STATE AP  
BUS SVCS DIV.

MAY 19 2025 P 3:40

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:

~~IVY LEAGUE TUTORING LLC~~ IVY LEAGUE TUTORING 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: FLORIDA

3. The date of its organization is: 1/24/2025

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 RAYMOND ANDOLFO

Street Address (NOT a P.O. Box) 109 AIRPORT RD

City/Town WARWICK

State RHODE ISLAND

Zip Code 02889

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

THIS COMPANY HAS RELOCATED TO FLORIDA IN 2025 BUT STILL WILL BE DOING BUSINESS IN RHODE ISLAND OCCASIONALLY AND WANTS TO HAVE A FOREIGN LLC SETUP TO CONTINUE TO DO BUSINESS IN THIS STATE

To provide educational consulting and tutoring services for students.

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

FILED

STAMP

MAY 19 2025

3:40

BY 6DV2A

SL

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:

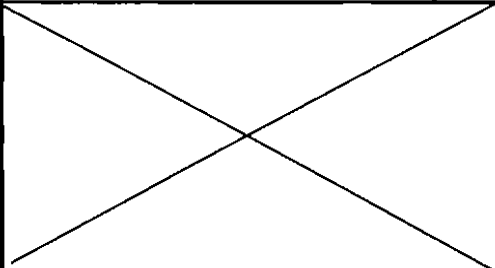
7576 DANIEL HEARNS WAY THE VILLAGES, FL. 34762

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

7576 DANIEL HEARNS WAY THE VILLAGES, FL. 34762

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

IVY LEAGUE TUTORING LLC

Date

4/24/2025

Signature of Authorized Person

*Susan Santucci*

# *State of Florida*

## *Department of State*

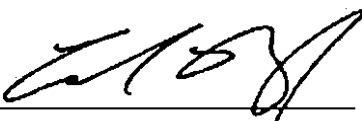
I certify from the records of this office that IVY LEAGUE TUTORING LLC is a limited liability company organized under the laws of the State of Florida, filed on January 24, 2025, effective January 19, 2025.

The document number of this limited liability company is I.25000043825.

I further certify that said limited liability company has paid all fees due this office through December 31, 2025 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 Twenty-fourth day of April,  
2025*



  
*Secretary of State*

Tracking Number: 0755960553CU

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:

May 19, 2025 03:40 PM

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

Gregg M. Amore  
*Secretary of State*

