



State of Rhode Island
Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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2025 MAY 21 A 10:04
2025 JUN 16 A 9:56

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:

Sync Check Power Services 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: Connecticut

3. The date of its organization is: 3/29/2024

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 Registered Agents Inc

Street Address (NOT a P.O. Box) 700 Narragansett Park Drive

City/Town Pawtucket

State RHODE ISLAND

Zip Code 02861

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

Electrical Testing and consulting services to clients and electrical contractors

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

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JUN 16 2025 3:22pm

BY LKS 93ERm

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:

12 Ashford Road, Ashford, CT 06278

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

12 Ashford Road, Ashford, CT 06278

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



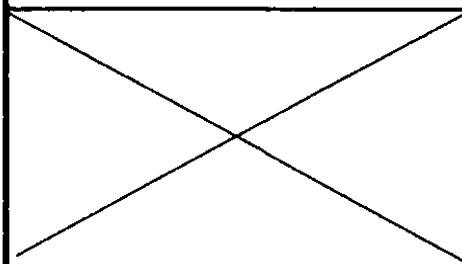
Members (Owners)

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

Sync Check Power Services

Date

05/19/2025

Signature of Authorized Person

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

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Date Issued: Tuesday, February 04, 2025 10:52 AM

25 MAY 21 A 10:04

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name Sync Check Power Services LLC

Business ALEI US-CT.BER:2979904

Formation Date 03/29/2024

Filing History

Filing Type	Filing Date & Time	Effective Date & Time
Certificate of Organization	03/29/2024 08:02 PM	
Business Address Change	09/25/2024 07:53 PM	09/25/2024 07:53 PM
Interim Notice	12/12/2024 02:37 PM	12/12/2024 02:37 PM



Secretary of the State

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Business ALEI: US-CT.BER:2979904

Note: To verify this certificate, visit [Business.ct.gov](https://business.ct.gov)

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Certificate Number: C-00156162



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:

June 16, 2025 03:22 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

