RI SOS Filing Number: 202577465660 Date: 8/7/2025 1:08:00 PM



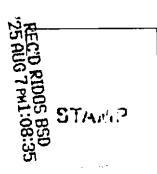
## State of Rhode Island

## **Department of State - Business Services Division**

## **Application for Registration**

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00



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: Skill LLC Is this company organized in its state or country of formation as a low-profit limited liability company? No X 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: 03/26/2025 And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going) Date certain for dissolution 4. The name and address of the resident agent/office in Rhode Island is: Agent Name C T Corporation System Street Address (NOT a P.O. Box)
450 Veterans Memorial Parkway, Suite 7A Zip Code State City/Town 02914 **RHODE ISLAND** East Providence 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Provide temporary and permanent professional staffing services to clients.

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 0 7 2025 BY ROBOR

Check the box to indicate an attachment

| 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:   |                 |   |
| 501 BOYLSTON ST., THIRD FLOOR, BOSTON, MA 02116   |                 |   |
| 8. The mailing address for the limited liability company is:  |                 |   |
| 501 BOYLSTON ST., THIRD FLOOR, BOSTON, MA 02116   |                 |   |
| 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 <u>Certificate of Good Standing/Letter of Status</u> 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  |                 |   |
| X 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   |                 | Date                                    |
| Skill LLC   |                 | 8/5/2025                                |
| Signature of Authorized Person  |                 |   |
| Conise Bell DENISE BELL, ATTORNEY-IN-FACT   |                 |   |

net 1970034 Walesca Villian Oalian



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "SKILL 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 FIFTH DAY OF AUGUST, A.D. 2025.

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

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 204392953

C. G. Sanchez

Date: 08-05-25

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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:

August 07, 2025 01:08 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

