State of Rhode Island
Office of the Secretary of State

Fee: $310.00

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

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is RRC ASSOCIATES, INC.

SECTION II

It is incorporated under the laws of State: CO Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing 08/15/2025

SECTION III

The name, if different, which it elects to use in Rhode Island:
(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island* ***OR***
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

RRC ASSOCIATES, INC.

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 1/1/2023

and the period of its duration is X Perpetual ___

SECTION V

The location of its principal office is

No. and Street: 4770 BASELINE RD
SUITE 355
City or Town: BOULDER State: CO Zip: 80303 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 700 NARRAGANSETT PARK DR
SUITE 100
City or Town: PAWTUCKET State: RI Zip: 02861

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS, INC

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
WE WERE AWARDED THE CONTRACT TO CONDUCT AN IMPACT ASSESSMENT OF TOURISM

ATTRACTION & DESTINATION GRANT PROGRAM FOR THE STATE OF RHODE ISLAND.

WHAT WE DO:
RRC ASSOCIATES PROVIDES STRATEGIC MARKET RESEARCH, DATA ANALYSIS & CONSUMER INTELLIGENCE FOR TOURISM AND OUTDOOR RECREATION INDUSTRIES.

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	DAVID BECHER	1276 BEAR MOUNTAIN CT BOULDER, CO 80303 USA
DIRECTOR	DANIEL S. MAHER	3565 CATALPA WAY BOULDER, CO 80304 USA
DIRECTOR	CHARLES C. CARES	5200 HOLMES PLACE BOULDER, CO 80303 USA
DIRECTOR	JACOB JORGENSON	9561 DUDLEY DRIVE WESTMINSTER, CO 80021 USA
DIRECTOR	JEREMY SAGE	3661 BRANDON WAY MISSOULA, MT 59803 USA
DIRECTOR	LUCY HARBOR	22 ZUNI STREET LOS ALAMOS, NM 87544 USA
DIRECTOR	COLIN CARES	145 NORTH 8TH STREET, UNIT A CARBONDALE, CO 81623 USA

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	DAVID BECHER	1276 BEAR MOUNTAIN CT BOULDER, CO 80303 USA
DIRECTOR	DANIEL S. MAHER	3565 CATALPA WAY BOULDER, CO 80304 USA
DIRECTOR	CHARLES C. CARES	5200 HOLMES PLACE BOULDER, CO 80303 USA
DIRECTOR	JACOB JORGENSON	9561 DUDLEY DRIVE WESTMINSTER, CO 80021 USA
DIRECTOR	JEREMY SAGE	3661 BRANDON WAY MISSOULA, MT 59803 USA
DIRECTOR	LUCY HARBOR	22 ZUNI STREET LOS ALAMOS, NM 87544 USA
DIRECTOR	COLIN CARES	145 NORTH 8TH STREET, UNIT A CARBONDALE, CO 81623 USA

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

			Total Authorized Shares

Class of Stock	Series of Stock	Par Value Per Share	*Num of Shares*	
CNP			$0.0000	100,000.00

Signed this 15 Day of August, 2025 at 1:23:20 PM by the officers(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By DANIEL S. MAHER
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

RRC Associates Inc.

is a

Corporation

formed or registered on 08/26/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131493695 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/11/2025 that have been posted, and by documents delivered to this office electronically through 08/14/2025 @ 14:37:26 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/14/2025 @ 14:37:26 in accordance with applicable law. This certificate is assigned Confirmation Number 17590246 .

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Rick Baker & Associates Insurance, Inc
5360 Arapahoe Ave Ste D
Boulder, CO 80303

CONTACT NAME: Cheryl Campbell
PHONE (A/C, No, Ext): (303)444-3334 FAX (A/C, No): (303)444-2716
E-MAIL ADDRESS: cheryl@rickbakerinsurance.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Hartford Underwriters Insurance Company	30104
INSURER B :	Rate by Multiple Companies	00914
INSURER C :	Markel	
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

RRC ASSOCIATES INC.
4770 BASELINE ROAD STE. 355-36
BOULDER, CO 80303

COVERAGES **CERTIFICATE NUMBER: 00002527-0** **REVISION NUMBER: 225**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			34SBAAX7YCD	05/01/2025	05/01/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			34SBAAX7YCD	05/01/2025	05/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			34SBAAX7YCD	05/01/2025	05/01/2026	EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		34WECAX7ZPL	05/01/2025	05/01/2026	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Professional Liab.			EONCOF180023832	11/01/2024	11/01/2025	Per Occurrence	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Rhode Island Department of State
Secretary of State
82 Smith St., Ste 218
PROVIDENCE, RI 02903

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cheryl Campbell

(CLC)

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:

August 15, 2025 01:17 PM

Gregg M. Amore
Secretary of State