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:

Senf NP Family Medicine, PLLC

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:

Senf NP Family Medicine, LLC

2. The LLC is organized under the laws of: Illinois

3. The date of its organization is: December 20, 2022

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: Capitol Corporate Services, Inc.

Street Address (NOT a P.O. Box): 222 Jefferson Blvd Ste 200

City/Town	State	Zip Code
Warwick	**RHODE ISLAND**	02888

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

The transaction of any or all lawful business for which Limited Liability Companies may be organized under the laws of Rhode Island and exclusively for the practice of medicine. All members and managers of this entity are licensed physicians in Rhode Island.

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
SEP 11 2025
BY KV BOQV9
1:02PM

FORM 450 - Revised. 12/2023

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:

2020 Calamos Ct., 2nd Floor, Naperville, IL 60563

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

909 Ridgebrook Rd. Suite 300 Sparks, MD 21152

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

☒ Members (Owners) **DO NOT** complete the chart below. **OR** ☐ Manager(s). 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	Date
Senf NP Family Medicine, PLLC	September 9, 2025

Signature of Authorized Person

Anna Garcia

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

File Number 1243039-6

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SENF NP FAMILY MEDICINE, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 20, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* SEPTEMBER *A.D.* 2025 .

SEAL OF THE STATE OF ILLINOIS

AUG. 26TH 1818

Authentication #: 2525204590 verifiable until 09/09/2026

Authenticate at: https://www.ilsos.gov

Alexi Giannoulias

SECRETARY OF STATE

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:

September 11, 2025 01:02 PM

Gregg M. Amore
Secretary of State