



**State of Rhode Island
Office of the Secretary of State**

Fee: \$150.00

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

**Foreign Limited Liability Company
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: ASCENSION RISK & INSURANCE SERVICES, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: MI Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

ARTICLE IV

The date of its organization is: 2/15/2023

ARTICLE V

The period of its duration is: Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEFFERSON BOULEVARD

SUITE 200

City or Town: WARWICK

State: RI Zip: 02888

Name: CORPORATION SERVICE COMPANY

Article VII

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

INSURANCE BROKER

ARTICLE VIII

The Rhode Island 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.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 100 OTTAWA AVE SW
City or Town: GRAND RAPIDS State: MI Zip: 49503 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 100 OTTAWA AVE SW
City or Town: GRAND RAPIDS State: MI Zip: 49503 Country: USA

ARTICLE XI

The limited liability company is to be managed by its Members* or X Managers (check one)

*** If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|---------|--|--|
| MANAGER | COURTNEY KOLENDA | 100 OTTAWA AVE SW GRAND RAPIDS, MI 49503 USA |

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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 7 Day of October, 2025 at 10:36:32 AM by the Authorized Person

COURTNEY KOLENDA

Form No. 450
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved



This is to certify:

Entity Name: ASCENSION RISK & INSURANCE SERVICES, LLC

Entity ID#: 802990160

Entity Type: Domestic Limited Liability Company

Initial Filing Date: 02/15/2023

Delayed Effective Date:

Formation Jurisdiction: Michigan

Act Formed Under: 023-1993 Michigan Limited Liability Company Act

That the above referenced entity was validly organized and is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued in conformity with the Act it is formed under to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, on October 6, 2025.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 29619

Verify this certificate at: www.michigan.gov/corpverifycertificate



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:

October 07, 2025 10:35 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

