Filing and License Fee: \$310.00 minimum



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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

#### **BUSINESS CORPORATION**

### **APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is XLHome Northeast, P.C.

- It is incorporated under the laws of \_\_\_\_\_ 2.
- The name, if different, which it elects to use in Rhode Island is: 3.
  - (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

N/A

N/A

(b) If the corporate name is not available in Rhodé Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is \_\_\_\_\_

\_ and the period of its duration is \_\_\_\_\_

5. The address of its principal office is 351 West Camden Street, Suite 100, Baltimore, MD 21201	201

6.	The address of	its proposed registered office in	Rhode Island is	10 Weybosset Street	2	
	······································			(Street Address, not P.O. Box)	1-	0-4-1
	Providence		RI_02903	_and the name of its proposed registered agent in Rhod	e (siand	
		(City/Town)	(Zip Code)			
	that address is	C T Corporation System			Ĩ	₹~u
	(Nати		e of Agent)			

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: to render professional health care services

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or 8. country of which it is incorporated).

	<u>Name</u>	Address		
Director	Curtis A. Mock, M.D.	23 Ketton Street, Rehoboth, MA 02769		
Director	Webselson			
Director	· · · · · · · · · · · · · · · · · · ·			
Director		FILED		
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Revised: 06/11		By 194535		
		Cmc		

(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).

President	<u>Name</u> Curtis A. Mock, M.D.	Address Z3 Kelton Street, Rehobith, MA 02769		
Vice President	N/A	NA		
Treasurer	Curtis A. Mock, M.D.	23 Keiton Street, Rehoboth, MA 02769		
Secretary	Curtis A. Mock, M.D.	23 Keitan Street, Rehoboth, MA 02760		

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

Number of Shares	Class	Series	Per Value or Statement that Shares are without Par Value
100	NA	N/A	\$1.00
	<u></u>		······································

- 10. (a) sLess than \$100,000 = An estimate of the value of all property to be owned by the corporation for the following year, wherever located,

  - (c) % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, whenever located, (divide (b) by (e) and multiply by 100 to obtain the percentage)
- 11. (a) \$3,000,000 = An estimate of the gross amount of business to be transacted by the corporation during the following year.
  - (b) \$750,008 \* An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.
  - (c) 25 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. {divide (b) by (a) and multiply by 100 to obtain the percentage}
- 12. This application is accompanied by a certificate of Good Standing Issued by the proper officer of the state or country under the taws of which it is incorporated.
- 13. 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 \_\_\_\_\_\_

Dato: 3 July 2012

Under penalty of perjury, I declare and aftern that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Burcher Sigr nature of Authorized Officer of the Cont

Curtis A. Mock, M.D., President

Type or Print Neme of Authorized Officer

Jul 6 2012 10:49 P. 03

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

XLHOME NORTHEAST, P.C. 0400501086 With the Previous or Alternate Name XL HOME NORTHEAST PC (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Professional Corporation was registered by this office on June 20, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

The Corporation Trust Company 820 Bear Tavern Road West Trenton, NJ 08628



Certificate Number: 125371054 Verify this certificate online of http://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of July, 2012

Andrew P Sidamon-Eristoff State Treasurer

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State of Rhode Island and Providence Plantations



A. Ralph Mollis Secretary of State

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

## I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island

and Providence Plantations, 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:

A. ' apr loceio

A. RALPH MOLLIS Secretary of State

