Filing and License Fee: \$310.00 minimum



Revised: 06/11

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

SEUREDARY OF STATE CONFORMTIONS DIV

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 corporatio	n is Woonsocket Urgent Care,	P.C.	
2.	It is incorporated under the laws of Massachusetts				
3.	The	ne name, if different, which it elects to use in Rhode Island is:			
	(a)	"incorporated", or "lim	corporation in its jurisdiction of ited" or an abbreviation thereof, gs for use in Rhode Island:	incorporation does not contain the word "corporation", "company then list the name of the corporation with the addition of one of th	
	(b)			then set forth below the fictitious name under which the corporation wated in the "Fictitious Business Name Statement" to be filed with the	
4.	The	date of its incorporation	October 28, 2005	and the period of its duration is	
5.	The	date of its incorporation is October 28, 2005 and the period of its duration is Perpetual address of its principal office is 1210 Boston-Providence Turnpike, Norwood, Massachusetts 02062			
6.	_	The address of its principal office is Rhode Island is c/o DarrowEverett LLP, One Turks Head Place, Suite 1200			
	The address of its proposed registered office in Rhode Island i			(Street Address, not P.O. Box)	
	Providence		, RI	and the name of its proposed registered agent in Rhode Island at	
		(City/Town)	(Zip Cod		
	that	address is Kurt T Kall	erer II, Esq.		
			(1)	Name of Agent)	
7.	The	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:			
	Prov	ision of professional	medical services and product	s ancillary thereto.	
			-		
3.		The names and respe try of which it is incorpo		(optional unless directors are required under the laws of the state of	
		•	<u>Name</u>	<u>Address</u>	
	Direc	tor Yusef Haj-Da	rwish	10 Chive Drive, Sharon, MA 02067	
	Direc	tor Paul Vallera	FILED C	6 Latham Farm Road, Smithfield, RI 02917	
	Direc	tor			
	Direc	tor	AUG 3 0 2013		
			By Cr 2049	D	
	Form	No. 150		57	

(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). Name Address Yusef Haj-Darwish 10 Chive Drive, Sharon, MA 02067 President Paul Vallera 6 Latham Farm Road, Smithfield, RI 02917 Vice President Paul Vallera 6 Latham Farm Road, Smithfield, RI 02917 Treasurer Paul Vallera 6 Latham Farm Road, Smithfield, RI 02917 Secretary 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: Par Value or Statement that Number of Shares <u>Class</u> Shares are without Par Value **Series** Common \$0.01 275,000 10. (a) \$__600,319 An estimate of the value of all property to be owned by the corporation for the following year, wherever located. 108,737 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year. % = An estimate, expressed as a percentage, of the proportion that the estimated value of the property of (c) 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, wherever located. {divide (b) by (a) and multiply by 100 to obtain the percentage} 11. (a) \$_5,000,000 _ = An estimate of the gross amount of business to be transacted by the corporation during the following year. (b) \$ 1,500,000 = 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. _% = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be (c) 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 laws 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 $\underbrace{^{August\ 30}}_{--},\ 2013$ Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. Date: 8/30/13 Signature of Authorized Officer of the Corporation Paul Vallera

Type or Print Name of Authorized Officer



The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02183

August 29, 2013

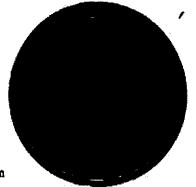
TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

WOONSOCKET URGENT CARE, P.C.

is a domestic corporation organized on August 29, 2013, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Processed By: sam