RI SOS Filing Number: 201450276920 Date: 11/20/2014 2:44 PM

Filing Fee: $150.00

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

2014 NOV 20 PM 2:44
SECRETARY OF STATE
CORPORATIONS DIV

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, 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:
TRANSITCARE LLC
☐ This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)

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

3. The limited liability company is organized under the laws of Massachusetts

4. The date of its organization is July 30 2014

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:
31 Potter St (Street Address, **not** P.O. Box) Pawtucket (City/Town), RI 02860 (Zip Code)
and the name of the resident agent at such address is Tory Kouame (Name of Agent)

7. The secretary 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.

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

FILED
NOV 20 2014
BY CR 237004
2:44

9. The mailing address for the limited liability company is:
PO Box 3132 Attleboro MA, 02703

Form No. 450
Revised: 07/12

10. Management of the Limited Liability Company (check one only):

A. The limited liability company is to be managed ☐ its members. ***(If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.)***

or

B. The limited liability company is to be managed ☑ by one (1) or more managers. ***(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)***

Manager	Address
Jean-Serge Kouame	5 Atlantic Ave, Attleboro MA 02703
Cheick M. Baradji	26 Myrtle St #2, Taunton MA 02780
Joy Kouame	31 Potter St Pawtucket RI 02860
Childes Kouame	31 Potter ST Pawtucket RI 02860

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

12. The date this Application for Registration is to become effective, if later than the date of filing, is:

11/20/2014

(not prior to, nor more than 30 days after, the filing of this Application for Registration)

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.

Date: 11/20/2014

JEAN-SERGE KOUAME

Print Exact Name of Limited Liability Company Making Application

By Jean-Serge

Signature of ~~Authorized Person~~

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the Commonwealth

November 19, 2014

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

TRANSITCARE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **July 30, 2014.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JEAN SERGE KOUAME, CHEICK M BARDJI, CHARLES K KOUAME, TORY KOUAME**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JEAN SERGE KOUAME, CHEICK M BARDJI, CHARLES K KOUAME, TORY KOUAME**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Processed By:sam

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:

November 20, 2014 2:44 PM

A. RALPH MOLLIS

Secretary of State

114080-1-996547