

State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

SECRETARY OF STATE CORPORATIONS DIV

Application for Registration Foreign Limited Liability Company

Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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 compa	ny is:			
Therap Services LLC				
The name, if different, under which it prop	oses to register ar	d transact busines	ss in Rhode Island is:	
2. The LLC is organized under the laws of:		3. The date of its organization is:		
State of Delaware		January 7, 2003		
4. The name and address of the resident	agent/office in Rho	de Island is:		111 12
Agent Name CT Corporation System				
Street Address (NOT a P.O. Box) 450 Ve	terans Memorial Parl	cway, Suite 7A		
City/Town East Providence	State RHODE ISLAND		Zip Code ₀₂₉₁₄	
5. The Department of State is appointed to time there is no resident agent or if the re- diligence.				
6. The address of any office required to b limited liability company is organized is:	e maintained in the	state or other juris	sdiction under the laws of whic	h the
7. The mailing address for the limited liab	ility company is:			
562 Watertown Avenue, Suite # 3, Waterbury	, CT 06708-2240			

FILED

MAR 17 2016

By AL 270245

Form No. 450 Revised: 2016

8. Management of the Limited Liability Company:						
The limited liability company is r	managed:					
By its members (If you have	e checked this box, go to	Section 9. (DO NOT fill out the chart	below.)			
By one (1) or more managers (List managers below)						
MANAGER	ADDRESS					
		77-101				
		"				
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is formed that is dated within 60 days of the filing of this document.						
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX						
✓ Date received (Upon filing)						
Later effective date (Date must be no more than 30 days from the day of filing)						
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attackments, and that all statements contained herein are true and correct.						
Signature of Authorized Person	1/10	Type or Print Name of LLC	Date			
Cathocu	M. Kelly pirman	Therap Services LLC	March 16, 2016			
/ James	M. Kelly					
V Vice-ch	PIRMANÍ					

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.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THERAP SERVICES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIFTH DAY OF FEBRUARY, A.D. 2016.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV



Authentication: 201788102

Date: 02-05-16

3611702 8300 SR# 20160628855 I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

