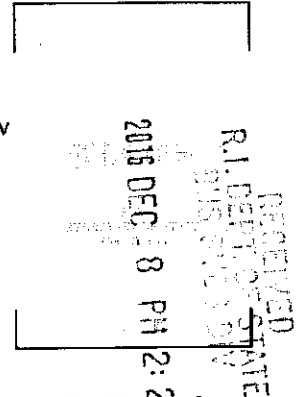




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



**Application for Certificate of Authority**  
**Foreign Business Corporation**  
Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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:	
Select Rehabilitation, Inc.	
2. It is incorporated under the laws of:	Illinois
3. The name, if different, which it elects to use in Rhode Island is:	
(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:	
(b) If the corporate name is not available in Rhode 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:	11/17/1998
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>	
<input checked="" type="checkbox"/> Perpetual (on-going)	
<input type="checkbox"/> Date certain for dissolution _____	
5. The address of its principal office is:	
2600 Compass Road, Glenview, IL 60026	

2:21 pm

**FILED**

DEC 08 2016

By 290373  
KM

<b>6. The name and address of the initial registered agent/office of in Rhode Island:</b>			
Agent Name C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914	

<b>7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:</b>			
Rehabilitation therapy services			

<b>8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):</b>			
NAME	ADDRESS		
Anna Wolfe	2600 Compass Road, Glenview, IL 60026		
Neal Deutsch	2600 Compass Road, Glenview, IL 60026		

Check the box to indicate an attachment. ☐

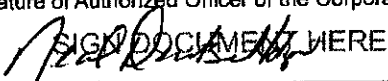
  

<b>8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):</b>			
OFFICE	NAME	ADDRESS	
PRESIDENT	Anna Wolfe	2600 Compass Road, Glenview, IL 60026	
VICE PRESIDENT			
TREASURER	Neal Deutsch	2600 Compass Road, Glenview, IL	
SECRETARY		60026	

Check the box to indicate an attachment. ☐

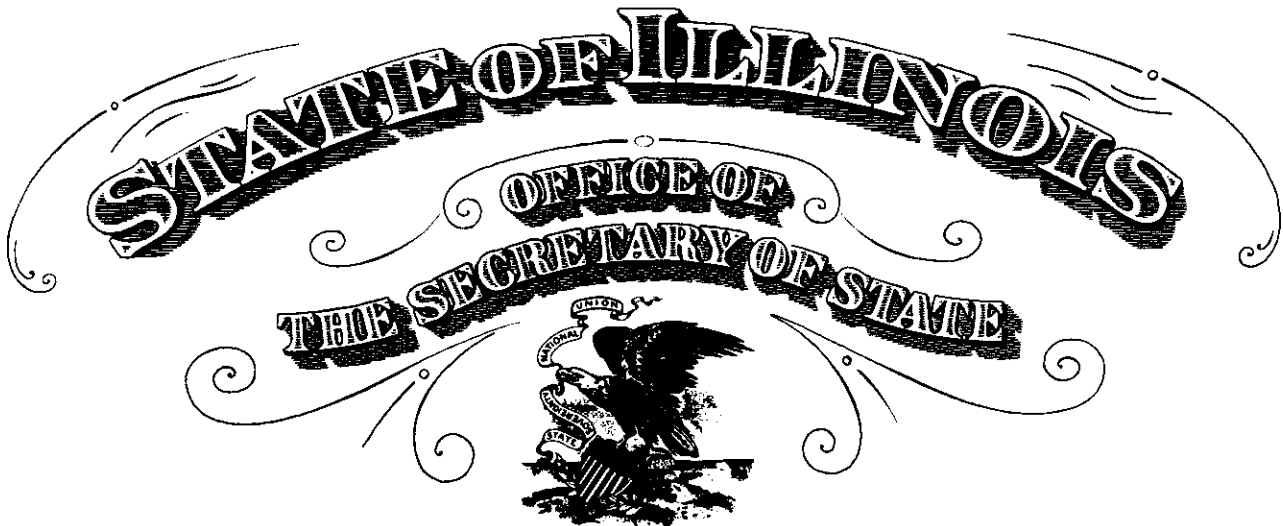
<b>9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:</b>			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
3,000	Common	N/A	\$1.0

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:		
\$ <u>3,310,747</u>		
(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:		
\$ <u>710,000</u>		
(c) Estimate, as a percentage, 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, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.		
<u>7.1</u> %		
11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.		
\$ <u>400,000,000</u>		
(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.		
\$ <u>1,000,000</u>		
(c) Estimate, as a percentage, the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.		
<u>0.4</u> %		
12. This application must be 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 incorporated that is dated within 60 days of the filing of this document.		
13. Date when the Certificate of Authority will be effective: <b>CHECK ONLY ONE BOX</b>		
<input checked="" type="checkbox"/> Date received (Upon filing)		
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____		
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.		
Signature of Authorized Officer of the Corporation 	Type or Print Name of Authorized Officer Neal Deutsch, CEO	Date 12-6-16

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](mailto:corporations@sos.ri.gov).

File Number

6021-311-9



***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

SELECT REHABILITATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 17, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 3RD  
day of NOVEMBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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*

