



Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:		
Implanted Pump Management, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
N/A		
2. The LLC is organized under the laws of: NJ		
3. The date of its organization is: 02/29/2012		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Melissa Hess		
Street Address (NOT a P.O. Box) 10 Dorrance Street Suite 700		
City/Town Providence	State RHODE ISLAND	Zip Code 02913
5. The Department 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.		
6. 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:		
1401 Valley Road, 4th floor Wayne, NJ 07470		

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 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIV.
 2017 FEB 17 AM 10:22

10:22 AM

FILED

FEB 17 2017

BY 296067 km

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

7. The mailing address for the limited liability company is:
1401 Valley Road 4th floor, Wayne NJ 07470

8. Management of the Limited Liability Company:

The limited liability company is managed:
 By its members (If you have 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
Roy Putrino	1401 Valley Rd. 4th floor Wayne, NJ 07470

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 attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC Implanted Pump Management, LLC	Date 02/08/2017
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Signature of Authorized Person

SIGN DOCUMENT HERE

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**IMPLANTED PUMP MANAGEMENT LLC
0400475184**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 29, 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 that the registered agent and office are:

**ROY PUTRINO
1401 VALLEY ROAD , 4TH FLOOR
WAYNE, NJ 07470**

I further certify that as of the date of this certificate, no amendments have been filed.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of February, 2017

**Ford M. Scudder
Acting State Treasurer**

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PAPER SERVICES DIV.

Certificate Number : 6077709304

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp