RI SOS Filing Number: 201747288890 Date: 7/12/2017 12:10:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

BUS SYCS DIVE 10

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:

4 71					
The name of the corporation is:					
EHA of Buffalo, Lnc.					
2. It is incorporated under the laws of:					
State of New York					
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: 4 10 2007					
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	E BOX				
Date certain for dissolution					
5. The address of its principal office is: 482 Delaware Ave, Buffalo, NY 14202					
5. The address of its principal office is: 462 Detactor C APP Date (into , 14) 1 120 C					
6. The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name Parasearch, Inc.					
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Ste 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JUL 1 2 2017

BY 308018

A. A. 12:10pm.

state or country of which			optional, unless dire	ectors are required under the laws of the	
NAME			AD	DRESS	
			•		
		+			
		<u> </u>			
		†			
		<u>. </u>		the state have to indicate an attachment	
2 (h) The names and (respective addr	esses of its principal of		theck the box to indicate an attachment f directors are not required under the laws	
of the state or country			IIIOGIG (IIIMIIIMGIG., , .	Tulicotors are not required and and are	
OFFICE	Ţ	NAME		ADDRESS	
PRESIDENT	Douglas	s Vanstrom	Burralo, n	uvare Ave 4 14202	
VICE PRESIDENT	Dhane V	s Vanstrom anstrom	482 Delai	ware Ave	
TREACIDED	Drane Vi	WAST FOR	Buffalo, A	14 14303	
TREASURER					
SECRETARY	†				
SEUREIART	Į.		1		
SECRETARY	<u></u>			Check the box to indicate an attachment.	
9. The aggregate numb		_		Check the box to indicate an attachment.	
9. The aggregate numb	f any, within a cl	lass, is:	issue; itemized by o	classes, par value of shares, shares without	
9. The aggregate numb par value, and series, it NUMBER OF SHARES		lass, is:			
9. The aggregate numb	f any, within a cl	lass, is:	issue; itemized by o	classes, par value of shares, shares without	
9. The aggregate numb par value, and series, it NUMBER OF SHARES	f any, within a cl	lass, is:	issue; itemized by o	classes, par value of shares, shares without	
9. The aggregate numb par value, and series, it NUMBER OF SHARES	f any, within a cl	lass, is:	issue; itemized by o	classes, par value of shares, shares without	
9. The aggregate numb par value, and series, it NUMBER OF SHARES	f any, within a cl	lass, is:	issue; itemized by o	classes, par value of shares, shares without	
9. The aggregate number value, and series, it NUMBER OF SHARES	f any, within a cl	elass, is:	issue; itemized by o	PAR VALUE OR STATE NO PAR VALUE NPV	
9. The aggregate number value, and series, if NUMBER OF SHARES 200 10. (a) Estimate, in do	f any, within a cl	of all property to be	SERIES (b) Estimate, in dol	PAR VALUE OR STATE NO PAR VALUE NPV lars, the value of the corporation's property	
9. The aggregate number value, and series, it NUMBER OF SHARES	f any, within a cl	of all property to be	SERIES (b) Estimate, in dol	PAR VALUE OR STATE NO PAR VALUE NPV lars, the value of the corporation's property in Rhode Island during the following year:	
9. The aggregate number par value, and series, if NUMBER OF SHARES AOO 10. (a) Estimate, in do owned by the corporation	f any, within a cl	of all property to be	SERIES (b) Estimate, in dol	PAR VALUE OR STATE NO PAR VALUE NPV lars, the value of the corporation's property	

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.		ross amount of business to be at or from places of business in wing year.			
\$	\$ <u> </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. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i>					
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: CHECK ONLY ONE BOX					
Date received (Upon filing)					
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.					
Type or Print Name of Authorized Officer		Date			
Douglas A. Vanstrom		July 11.2017			
Signature of Authorized Officer of the Corporation					

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EHA OF BUFFALO, INC. was filed on 04/10/2007, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 03/24/2009.

A Biennial Statement was filed 04/21/2011.

A Biennial Statement was filed 05/07/2013.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.

OF NEW

ጥጥጥ

Witness my hand and the official seal of the Department of State at the City of Albany, this 11th day of July two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

201707120156 * 41

RI SOS Filing Number: 201747288890 Date: 7/12/2017 12:10:00 PM



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:

July 12, 2017 12:10 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

