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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 16 PM 4:02

Certificate of Authority
FOREIGN Corporation

→ Filing 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:

Coastal Sleep Diagnostics, Inc.

2. It is incorporated under the laws of: **Massachusetts**

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: **08-08-2001**

And the period of its duration is: **CHECK ONLY ONE BOX**

☑ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

37 Derby Street, Suite 3, Hingham, MA 02043

6. The name and address of the initial registered agent/office of in Rhode Island

Agent Name **McLaughlinQuinn LLC**

Street Address (NOT a P.O. Box) **c/o Jeffrey B. Cianciolo, Esq., 148 West River Street, Suite 1E**

City/Town	State	Zip Code
Providence	**RHODE ISLAND**	**02904**

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

4:02 pm **FILED**
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Sleep diagnostics

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):

NAME	ADDRESS
Peter Fontaine	**37 Derby Street, Suite 3, Hingham, MA 02043**
William Cesare	**37 Derby Street, Suite 3, Hingham, MA 02043**

Check the box to indicate an attachment. ☐

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):

OFFICE	NAME	ADDRESS
PRESIDENT	**Peter Fontaine**	**37 Derby Street, Suite 3, Hingham, MA 02043**
VICE PRESIDENT		
TREASURER	**William Cesare**	**37 Derby Street, Suite 3, Hingham, MA 02043**
SECRETARY	**William Cesare**	**37 Derby Street, Suite 3, Hingham, MA 02043**

Check the box to indicate an attachment. ☐

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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10000	**Common**	**n/a**	**No Par Value**

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

$ **200000**

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

$ **10000**

(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.*

5 %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(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.
$ 1,000000	$ 20,000

(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.*

2 %

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
Peter Fontaine CEO	11/21/17

Signature of Authorized Officer of the Corporation

SIGN DOCUMENT HERE

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.

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: November 29, 2017

To Whom It May Concern :

I hereby certify that according to the records of this office,

COASTAL SLEEP DIAGNOSTICS, INC.

is a domestic corporation organized on **August 08, 2001** . under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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

Certificate Number: 17110516410

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by:

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:

January 16, 2018 04:02 PM

Nellie M. Gorbea
Secretary of State