

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:

SECRETARY OF STATE CORPORATIONS STATE

The name of the limited liability company is:			
Ocean State Buyer, LLC			
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X			
The name, if different, under which it proposes to register and transact business in Rhode Island is:			
Ocean State Healthcare Buyer			
2. The LLC is organized under the laws of: Delaware			
3. The date of its organization is: September 20, 2017			
And the period of its duration is: CHECK ONLY ONE BOX			
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name C T Corporation System			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence,	State RHODE ISLAND	Zip Code 02914	
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:			
c/o The Corporation Trust Company, 1209 Orange Street, Wilmington, DE 19801			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

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

MAR 0 1 2018

KL 305681

FORM 450 - Revised: 08/2016

7. The mailing address for the limited liab	lib, company le:		
7. The maining address for the limited hab	illy company is.		
c/o New Harbor Capital, 500 W Madison, Sui	te 2830, Chicago, IL 60661		
8. Management of the Limited Liability Co	mnanu:		
	mpany.		
The limited liability company is managed:			
By its members (If you have checked	I this box, go to Section 9. (DO NOT fill out the cha	rt below.)	
By one (1) or more managers (List m	anagers below)		
MANAGER	ADDRESS		
		-	
		······································	
	ertificate of Good Standing/Letter of Status issued is formed that is dated within 60 days of the filing of		
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)			
	irm that I have examined this Application for Regist tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
Ocean State Buyer, LLC		02/20/18	
Signature of Authorized Person			
SIGN DOCUMENT HERE			

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCEAN STATE BUYER, 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 TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202229111

Date: 02-28-18

6550626 8300 SR# 20181518461