Filing Fee: \$100.00



State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

FOREIGN LIMITED PARTNERSHIP APPLICATION FOR CERTIFICATE OF REGISTRATION OF

Harborside Rehabilitation Limited Partnership			
To the Secretary of State			
of the State of Rhode Island			
Pursuant to the provisions of Section 7-13-49 of the General Laws, 1956, as amended, the undersigned foreign			
imited partnership hereby applies for a Certificate of Registration to transact business in the State of			
Rhode Island and for that purpose submits the following statement:			
FIRST: The name of the limited partnership including without abbreviation the words limited partnership is Harborside Rehabilitation Limited Partnership			
and, if different, the name which it proposes to register and transact business in the State of Rhode Island is			
(If not applicable, so state)			
SECOND: It is organized under the laws of Massachusetts			
and the date of its formation is October 21, , 19 93			
THIRD: The general character of the business it proposes to transact in Rhode Island is:			
To provide physical therapy, occupational therapy and speech therapy			
services, as well as other related services primarily to residents in			
congregate care facilities and all other acts allowable by law.			
FOURTH: The Rhode Island address of its proposed agent for service of process on the foreign limited			
partnership is c/o Corporation Service Company,			
Suite 900, 170 Westminster Street, Providence, Rhode Island 02903			
and the name of the agent resident in Rhode Island at that address is Corporation Service Company			
JUN 0 9 1897			

FIFTH: The foreign limited partnership hereby agrees that if the foreign limited partnership fails to appoint an agent for service of process or, if appointed, the agent's authority has been revoked or if the agent cannot be found or served with the exercise of reasonable dilligence, the foreign limited partnership appoints the Secretary of State of the State of Rhode Island as its agent for service of process.

SIXTH: The address of the office required to be maintained in the state of organization by the laws of that state or, if not so required, of the principal office of the foreign limited partnership is			
			SEVENTH. The name and business address of each general partner (s):
General Partner (s)	Address (es)		
Harborside Health 1 Corporation	470 Atlantic Avenue		
,	Roston MA 02210		
	Attn: Legal Department		
FIGURE The address of the office at which is kent	a list of the names and addresses of the limited partners		
and their capital contributions 470 Atlantic Aven	ue, Boston, MA 02210; Attn: Legal		
Department			
NINTH: A mailing address for the foreign limit Boston, MA 02210; Attn: Legal Departm	ited partnership 470 Atlantic Avenue, ent		
TENTH A statement of the aggregate capital cor	ntributions of the limited partner (s) is \$990.		
	· · · · · · · · · · · · · · · · · · ·		
ELEVENTH: Such additional information as mather Secretary of State to determine whether such certificate of authority to transact business in this sas in this chapter prescribed.	tate and to determine and assess the fees payable		

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	Tuno 1	Ward and D. D. J. Market
	Dated June 1 , 1997 .	Harborside Rehabilitation Limited Partnership
		(Exact name of Limited Partnership making application)
		By: Harborside Health I Corporation,
		general partner
		By K. Scott (Out)
		By K. Scott Oigh Its: Assistant Sceretary
Со	mmonwealth %www.of Massachusetts	
	Sc.	
	County of Suffolk	
		_,
	AL Boxton in	n said county on this
	day of	, 19 17, personally appeared before me
	K Septi Gray	, 19 17, personally appeared before me
	who, being by me first duly sworn, declared that he	e/she is a General Partner of the History Stale
	Rekal elitation Limited Fort men	that he/she signed the foregoing
		nership, and that the statements therein contained are true.
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		() 4 (O = - to)
		(with Celei rolling) Notary Public
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ERIN L. ABERNATHY
Notary Public
Commonwealth of Massachusetts
My Commission Expires April 23, 2004