



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

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CORPORATIONS DIV
2019 JAN 24 AM 11:13

Application for Certificate of Authority

FOREIGN Business 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: CHN Health Care Group, 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: 1-1-2018 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 747 Washington St, Holliston, MA 01746		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Registered Agents Inc Street Address (NOT a P.O. Box) One Richmond Square, STE 125B City/Town Providence State RHODE ISLAND Zip Code 02906		

MAIL TO:

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

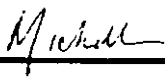
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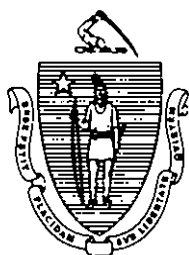
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BY FORM 150 - Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Home Care Staffing			
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		
Michelle Murray	747 Washington St, Holliston, MA 01746		
Check the box to indicate an attachment <input type="checkbox"/>			
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	Michelle Murray	747 Washington St, Holliston, MA 01746	
VICE PRESIDENT			
TREASURER			
SECRETARY			
Check the box to indicate an attachment <input type="checkbox"/>			
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
200,000	Common	N/A	No Par Value
10. An estimate, as a percentage , of 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: Percentage obtained from worksheet.)			
0 _____ %			
11. An estimate, as a percentage , of 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: Percentage obtained from worksheet.)			
5 _____ %			

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of Authorized Officer Michelle Murray	Date 1-18-2019
Signature of Authorized Officer of the Corporation  NON-EXEMPT 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.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

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2019 JAN 24 AM 11:14

Date: January 17, 2019

To Whom It May Concern :

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

CHN HEALTH CARE GROUP, INC.

is a domestic corporation organized on **January 01, 2018** , 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: 19010320770

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

Processed by: