



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

# Application for Registration

## FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:

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SECRETARY OF STATE  
CORPORATIONS DIV  
2019 FEB 11 PM 12:43  
TA  
CLERK  
USE

1. The name of the limited liability company is:

**ARIA DIAGNOSTICS LLC**Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: **INDIANA**3. The date of its organization is: **FEBRUARY 12, 2015**And the period of its duration is: **CHECK ONE BOX ONLY**☒ Perpetual (on-going)☐ Date certain for dissolution \_\_\_\_\_

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name **ANDREW TINE**Street Address (NOT a P.O. Box) **18 MAPLE AVENUE**City/Town **BARRINGTON**State **RHODE ISLAND**Zip Code **02808**

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

**ARIA DIAGNOSTICS IS PLACING A SATELLITE LAB IN RHODE ISLAND TO OFFER CLINICAL TESTING SERVICES TO LOCAL HEALTH CARE PROVIDERS.**

Check the box to indicate an attachment ☐**MAIL TO:****Division of Business Services**

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

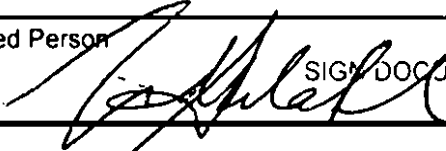
Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)**FILED STAMP**

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BY **YXBFE**

A.A. 12:43 p.m.

6. The RI 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.	
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:  <b>5635 W. 96TH STREET, SUITE 300, INDIANAPOLIS, IN 46278</b>	
8. The mailing address for the limited liability company is:  <b>5635 W. 96TH STREET, SUITE 300, INDIANAPOLIS, IN 46278</b>	
9. Management of the Limited Liability Company:  The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b> <input checked="" type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.) <input type="checkbox"/> By one (1) or more managers (List managers below)	
<b>MANAGER</b>	<b>ADDRESS</b>
10. 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 filing.	
11. Date when this application for Certificate of Registration will be effective: <b>CHECK ONE BOX ONLY</b> <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 Registration, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of LLC <b>ARIA DIAGNOSTICS LLC</b>	Date <b>FEBRUARY 6, 2019</b>
Signature of Authorized Person  <span style="float: right;">SIGN DOCUMENT HERE</span>	

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**ARIA DIAGNOSTICS LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 12, 2015, and was in existence or authorized to transact business in the State of Indiana on February 06, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State; or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed signature and the seal of the State of Indiana, at the of Indianapolis, February 06, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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CORPORATIONS DIV  
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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 08, 2019.



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:

February 11, 2019 12:43 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

