



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:

2019 MAY 28 PM 12:52

OFFICE OF THE
CLERK OF THE
SUPREME COURT
CORPORATIONS DIV.

1. The name of the limited liability company is:		
ACCESS HEALTHCARE LIMITED LIABILITY COMPANY		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
Jersey Staffing LLC		
2. The LLC is organized under the laws of: New Jersey		
3. The date of its organization is: July 11, 2008		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
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
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:		
31 BARBERRY COURT LAWRENCEVILLE, NJ 08648		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAY 28 2019

BY

12:52
499KJ89

7. The mailing address for the limited liability company is:

One Richmond Square STE 125B Providence, RI 02906

8. Management of the Limited Liability Company:

The limited liability company is managed:

☐ By its members (If you have checked this box, go to Section 9. (**DO NOT** fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Danielle Doyle	One Richmond Square STE 125B Providence, RI 02906

9. This application is 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 formed that is dated within 60 days of the filing of this document.

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) _____

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.

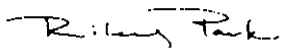
Type or Print Name of LLC

ACCESS HEALTHCARE LIMITED LIABILITY COMPANY

Date

05/23/2019

Signature of Authorized Person



SIGN DOCUMENT HERE

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

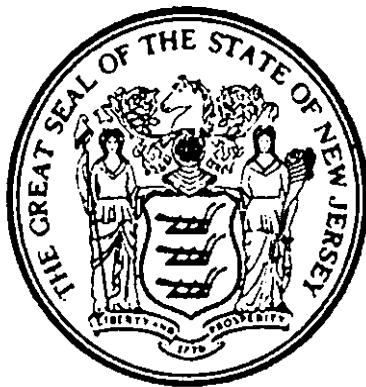
ACCESS HEALTHCARE LIMITED LIABILITY COMPANY
0400240493

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 11, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**DIEGO DAVIS
31 BARBERRY COURT
LAWRENCEVILLE, NJ 08648**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of May, 2019.*

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6097526464

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

2019 MAY 28 PM 12:52
OFFICE OF THE
SECRETARY OF STATE
CORPORATIONS DIV