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

## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:

AllCare Plus Pharmacy, 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: 06/24/2011

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution \_

5. The address of its principal office is:

50 Bearfoot Road, Northborough, MA 01532

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name

InCorp Services, Inc.

Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Blvd., Suite 200

City/Town

Warwick

State RHODE ISLAND

Zip Code 02888 2019 SEP 15

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

Specialty Pharmacy that is nationally licensed by 51 State Boards of Pharmacy and holds a valid DEA license.

8. (a) The names and re state or country of which			optional, unless dir	ectors are required under the laws of the	
NAME		ADDRESS			
Daniel H Apelian		50 Bearfoot Road, Northborough, MA 01532			
		,			
······································					
		L		Check the box to indicate an attachment	
8. (b) The names and re of the state or country c			officers (mandatory	if directors are not required under the laws	
OFFICE	NAME			ADDRESS	
PRESIDENT	Daniel H Apelian		50 Bear	50 Bearfoot Road, Northborough, MA 01532	
VICE PRESIDENT					
TREASURER	Daniel H Apelian		50 Bearfoot R	50 Bearfoot Road, Northborough, MA 01532	
SECRETARY	Daniel H Apelian		50 Bearfoot Road, Northborough, MA 01532		
	<b>.</b>			Check the box to indicate an attachment 🗸	
9. The aggregate numb par value, and series, it			issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
200,000	Common			No Par Value	
. <u></u>	. <u>.</u>		······································	<b>_</b>	
·	·				
	eduring the follo	wing year bears to the	ne value of all prope	If the property of the corporation to be erty of the corporation to be owned during	
	·	wole. Fercentage ob	ameu nom worksn	551. <i>)</i>	
at or from places of bus transacted by the corpo	siness in Rhode	Island during the fol	lowing year compar	isiness to be transacted by the corporation red to the gross amount thereof which will be ained from worksheet.)	
<u>0.01%</u> %					

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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services

Application for Certificate of Authority

## AllCare Plus Pharmacy, Inc. (continued)

Item number 8 (B) - The names and respective addresses of its Principal Officers:

Daniel H Apelian– Chief Financial Officer	50 Bearfoot Road, Northborough, MA 01532
Daniel H Apelian- Chief Executive Officer	50 Bearfoot Road, Northborough, MA 01532

12. This application must be accompanied by a <u>Certif.cate of G</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fr	rom the date of filing)
Under penalty of perjury, I declare and affirm that I have examin accompanying attachments, and that all statements contained	
Type or Print Name of Authorized Officer	Date
Daniel H Apelian	08/29/2019
Signature of Authorized Officer of the Corporation	EFT HORE

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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.

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**The Commonwealth of Massachusetts** Secretary of the Commonwealth State Kouse, Boston, Massachusetts 02183

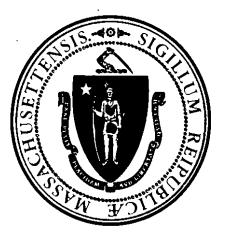
William Francis Galvin Secretary of the Commonwealth

Date: August 20, 2019

To Whom It May Concern :

I hereby certify that according to the records of this office, ALLCARE PLUS PHARMACY, INC.

is a domestic corporation organized on **June 24, 2011**, 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.



Certificate Number: 19080390860

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

William Themino Galecin

Secretary of the Commonwealth

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



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:

September 16, 2019 01:30 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

