



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

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Certificate of Authority
FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement.

1. The name of the corporation is:		
Ginger Care, Inc.		
1a. The name, if different, which it elects to use in Rhode Island is:		
*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.		
2. It is incorporated under the laws of: Commonwealth of Massachusetts		
3. The date of its incorporation is: 3/8/2011		
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 address of its principal place of business is:		
c/o Wingate Residences at Boylston Place, 615 Heath Street, Chestnut Hill, MA 02467		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name CT Corporation System		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway		
City/Town E. Providence	State RHODE ISLAND	Zip Code 02914

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

SEP 19 2019

BY *[Signature]* 4500R
 12:21

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

To acquire and operate senior care facilities

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Jonathan Gould	37 Southport Lane, Boynton Beach, FL 33436
Director	Marylin A. Murphy	4 Blackberry Lane, Methuen, MA 01844
Director	John H. Fisher	1 Charles Street South, 8D, Boston, MA 02116
President	Jonathan Gould	37 Southport Lane, Boynton Beach, FL 33436
Vice President		
Treasurer	Jonathan Gould	37 Southport Lane, Boynton Beach, FL 33436
Secretary	Marylin Murphy	4 Blackberry Lane, Methuen, MA 01844

Check the box to indicate an attachment ☒

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of ☒ President OR ☐ Vice President

Jonathan Gould

Date

9/12/19

Signature of President OR Vice President

SIGN DOCUMENT HERE

Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Marylin Murphy

Date

9/12/19

Signature of Secretary OR Assistant Secretary

SIGN DOCUMENT HERE

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Type or Print Name of <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President Jonathan Gould	Date 9/12/19
---	------------------------

Signature of President OR Vice President

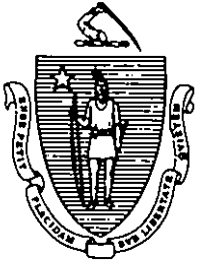
Type of Print Name of <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Marylin Murphy <i>Marylin Murphy</i>	Date 9/12/19
--	------------------------

Signature of Secretary OR Assistant Secretary

GINGER CARE, INC.

Attachment

OFFICE	NAME	ADDRESS
Director	Richard Herrick	24 Taconic Avenue Lenox, MA 01240
Director	Carl Goldberg	300 Boylston Street, Unit 808 Boston, MA 02116



William Francis Galvin
Secretary of the
Commonwealth

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

September 11, 2019

TO WHOM IT MAY CONCERN:

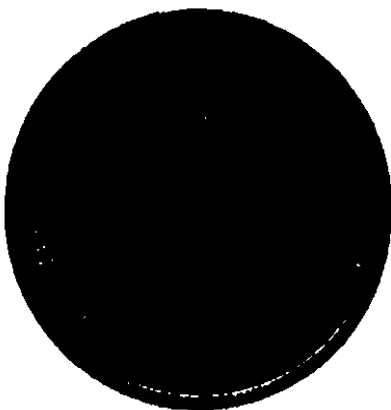
I hereby certify that according to the records of this office

GINGER CARE, INC.

is a domestic corporation organized on **March 8, 2011 (Chapter 180)**.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; 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.

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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



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 19, 2019 12:21 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

