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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:		
<b>Ginger Care, Inc.</b>		
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: <b>Commonwealth of Massachusetts</b>		
3. The date of its incorporation is: <b>3/8/2011</b>		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: <b>c/o Wingate Residences at Boylston Place, 615 Heath Street, Chestnut Hill, MA 02467</b>		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <b>CT Corporation System</b>		
Street Address (NOT a P.O. Box) <b>450 Veterans Memorial Parkway</b>		
City/Town <b>E. Providence</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02914</b>

**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**  
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 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:

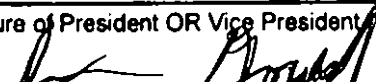
OFFICE	NAME	ADDRESS
Director	Jonathan Gould	37 Southport Lane, Boynton Beach, FL 33436
Director	Marilyn A. Murphy	4 Blackberry Lane, Methuen, MA 01844
Director	John H. Fisher	1 Charles Street South, 8D, Boston, MA 02116
President	Jonathan Gould	37 Southport Lane, Boynton Beach, FL 33436
Vice President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

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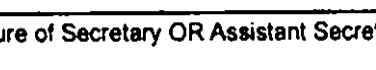
8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

*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 <input checked="" type="checkbox"/> President OR <input type="checkbox"/> Vice President Jonathan Gould	Date 9/12/19
--	-----------------

Signature of President OR Vice President 	SIGN DOCUMENT HERE
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Type or Print Name of <input checked="" type="checkbox"/> Secretary OR <input type="checkbox"/> Assistant Secretary Marilyn Murphy	Date 9/12/19
---	-----------------

Signature of Secretary OR Assistant Secretary 	SIGN DOCUMENT HERE
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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

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

Signature of President OR Vice President

*[Signature]*

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

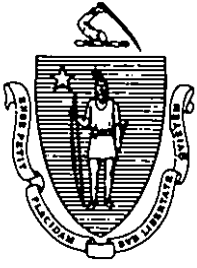
Signature of Secretary OR Assistant Secretary

*[Signature]*

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



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

William Francis Galvin  
Secretary of the  
Commonwealth

September 11, 2019

TO WHOM IT MAY CONCERN:

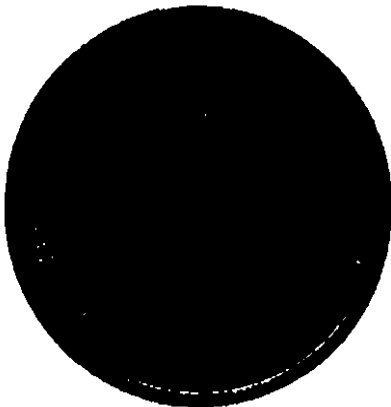
I hereby certify that according to the records of this office

**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