RI SOS Filing Number: 201924364960 Date: 10/15/2019 2:06:00 PM



State of Rhode Island and Providence Plantations

### **Department of State - Business Services Division**

## Application for Registration

FOREIGN Limited Liability Company

**STAMP** 

→ Filing Fee: \$150.00		\$FCF	FOR "". RETARY OF SAIL
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for a Certificate of Registration to transact business in purpose submits the following statement:	oreign limited liability company h the State of Rhode Island, and f	nereby for that	PUSSI
1. The name of the limited liability company is:			ना अंत
Wachusett Physical Therapy & Well	ness, LLC		29 SIG
Is this company organized in its state or country of formation	as a low-profit limited liability co	mpany? Yes	
The name, if different, under which it proposes to register and	I transact business in Rhode Isla	and is:	
The LLC is organized under the laws of: Commonwea	Ith of Massachusetts	<del></del>	
3. The date of its organization is: 11/21/17			
And the period of its duration is: CHECK ONE BOX ONLY		<del>.</del>	
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhod	e Island is:	<del></del> '	<del>,</del>
Agent Name Brad R. Pelletier, Esq. c/o Pelletier Marshall &			
Street Address (NOT a P.O. Box) 36 Vermont Avenue, Unit	1		
City/Town Warwick	State RHODE ISLAND	Zip Code <b>02888</b>	
5. The purpose or purposes which it proposes to pursue in the TO ENGAGE IN THE BUSINESS OF PERFORMING PHYSIC AGES AND TO ENGAGE IN ANY BUSINESS RELATED TH	CAL THERAPY TO PATIENTS		
	Check the box	to indicate an att	achment

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

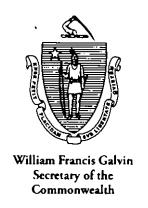
2:04

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OCT 15 2019

FOR SECRETARY OF STAT

<ol><li>The RI Department of State is appointe any time, there is no resident agent or if the diligence.</li></ol>	d the agent of the foreign limited liability company f ne resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable		
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:				
54 Pine Hill Avenue, Johnston, RI 02919				
8. The mailing address for the limited liability company is:				
54 Pine Hill Avenue, Johnston, RI 02919				
9. Management of the Limited Liability Company:				
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX				
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			
		-		
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: CHECK ONE BOX ONLY				
✓ Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date 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		Date		
Wachusett Physical Therapy & Wellness, LLC		9-26-19		
Signature of Authorized Person  SIGN DOCUMENT HERE				
7) "	0			



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

#### September 5, 2019

#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### WACHUSETT PHYSICAL THERAPY & WELLNESS, LLC

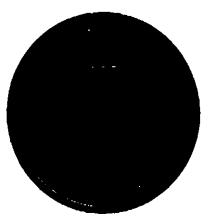
in accordance with the provisions of Massachusetts General Laws Chapter 156C on November 21, 2017.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: SARAH N. RHEAULT, SARAH RHEAULT RHEAULT

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: SARAH N. RHEAULT, SARAH RHEAULT RHEAULT

The names of all persons authorized to act with respect to real property listed in the most recent filing are: SARAH N. RHEAULT



Processed By:TAA

In testimony of which,

I have hereunto affixed the

Great Scal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Ellian Travino Galicin

RI SOS Filing Number: 201924364960 Date: 10/15/2019 2:06:00 PM



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:

October 15, 2019 02:06 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

