



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

**Application for Registration**  
**FOREIGN Limited Liability Company**

→ Filing Fee: \$150.00

**STAMP**

FOR  
SECRETARY OF STATE  
USE ONLY

2020 APR - 2

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

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:

|   |                    |                |
|---|--------------------|----------------|
| 1. The name of the limited liability company is:  |                    |                |
| TOWNE HEALTHCARE STAFFING LLC   |                    |                |
| 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:   |                    |                |
|   |                    |                |
| 2. The LLC is organized under the laws of: NEW JERSEY   |                    |                |
| 3. The date of its organization is: 03/01/2017  |                    |                |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b>  |                    |                |
| <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 INCORPORATING SERVICES, LTD.   |                    |                |
| Street Address (NOT a P.O. Box) 222 JEFFERSON BOULEVARD, STE 200  |                    |                |
| City/Town WARWICK   | State RHODE ISLAND | Zip Code 02888 |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  |                    |                |
| HEALTHCARE STAFFING   |                    |                |
| Check the box to indicate an attachment <input type="checkbox"/>  |                    |                |

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILEDAMP**

APR 02 2020

BY 1799F

FORM 450 - Revised 11/2019

A.A. 8:48 A.M.

6. The RI 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.

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:

5140 US HIGHWAY 9M HOWELL, NJ 07731

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

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 Certificate of Good Standing/Letter of Status 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.*

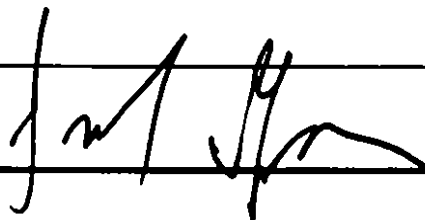
Type or Print Name of LLC

MEYER GREISMAN

Date

04/01/2020

Signature of Authorized Person



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

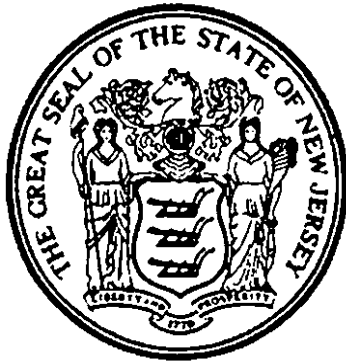
**TOWNE HEALTHCARE STAFFING LLC  
0450146829**

*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 March 01, 2017.*

*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:*

**TOWNE HEALTHCARE STAFFING LLC  
5140 US HIGHWAY 9  
HOWELL, NJ 07731**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
1st day of April, 2020*

**Elizabeth Maher Muoio  
State Treasurer**

Certificate Number · 6106344862

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)



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:

April 02, 2020 08:48 AM

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*

