Filing Fee: \$150.00

License fee: \$15.00 minimum (§7-1.1-124)

ID Number: 11446

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### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island, 02903-1335

#### **BUSINESS CORPORATION**

#### APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned 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	1 The name of the corporation is AdCare Recovery S	Services, Inc.				
2	It is incorporated under the laws of Massachusetts					
3	ne 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.					
	Not applicable					
(5) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with Application:						
	Not applicable	<u></u>				
4	The date of its incorporation is May 1, 1989 and the period of its duration is perpetual					
5	The address of its principal office in the state or country under the laws of which it is incorporated is					
c	The address of its proposed registered office in Rhode island is					
6						
5						
5	6 The address of its proposed registered office in Rhode Island is _	123 Dyer Street				
5	The address of its proposed registered office in Rhode island is	(Street)  d the name of its proposed registered agent in Rhode Island at				
5	The address of its proposed registered office in Rhode island is	(Street)  d the name of its proposed registered agent in Rhode Island at the transaction of business in Rhode Island are to engage				
	The address of its proposed registered office in Rhode island is	(Street) d the name of its proposed registered agent in Rhode Island at the transaction of business in Rhode Island are to engage atment, counseling, aftercare and				
	Providence RI 02903 and (City/Town) (Zip Code)  that address is CT Corporation System  7 The specific purpose or purposes which it proposes to pursue in the in all aspects of the diagnosis, treated activities directed towards in by substance abuse and other forms of	(Street)  d the name of its proposed registered agent in Rhode Island at the transaction of business in Rhode Island are to engage atment, counseling, aftercare and individuals and families affected addictive behavior.				
7	Providence RI 02903 and (City/Town) (Zip Code)  that address is CT Corporation System  The specific purpose or purposes which it proposes to pursue in the in all aspects of the diagnosis, treated activities directed towards in by substance abuse and other forms of	(Street)  d the name of its proposed registered agent in Rhode Island at the transaction of business in Rhode Island are to engage atment, counseling, aftercare and individuals and families affected addictive behavior.				
7	Providence RI 02903 and (City/Town) (Zip Code)  that address is CT Corporation System  7 The specific purpose or purposes which it proposes to pursue in the in all aspects of the diagnosis, treated activities directed towards in by substance abuse and other forms of the names and respective addresses of the directors and officers  Name	(Street) d the name of its proposed registered agent in Rhode Island at the transaction of business in Rhode Island are to engage atment, counseling, aftercare and individuals and families affected addictive behavior.				
7	Providence RI 02903 and (City/Town) (Zip Code)  that address is CT Corporation System  7 The specific purpose or purposes which it proposes to pursue in the in all aspects of the diagnosis, treated activities directed towards in by substance abuse and other forms of the names and respective addresses of the directors and officers  Name  Director David W. Hillis 507	(Street) d the name of its proposed registered agent in Rhode Island at the transaction of business in Rhode Island are to engage atment, counseling, aftercare and individuals and families affected addictive behavior.  Address				

32 Airport Rd., N. Grafton,

Athol,

106 Farnsworth Ave.,

Vice President

Treasurer

Lois M. Scott

David B. Navin

×	value and series, if any, wi	shares which it has au thin a class, is:	thority to issue, itemized b	y classes, par value of shares, shares without, par
	Number of Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value
	15,000			Shares are without par value
10	The aggregate number of its within a class, is:	s issued shares, itemize	ed by classes, par value of	shares, shares without par value, and series, if any,
	Number of Shares	<u>C¹ass</u>	Series	Par Value or Statement that Shares are without Par Value
	100			Shares are without par value
11	(a) An estimate of the va	olue of all property to	be owned by the corpor.	ation for the following year, wherever located, is
	(5) An estimate of the va	ilue of the corporation	's property to be located	within Rhode Island during the following year is
	located within this state	e during the following ye	ear bears to the value of al	nated value of the property of the corporation to be property of the corporation to be owned during the hiply by 100 to obtain the percentage.
12	(a) An estimate of the g	gross amount of busi	ness to be transacted b	y the corporation during the following year is
	(b) An estimate of the gro- Island during the follow	ss amount of business ing year is \$ <u>200,00</u>	to be transacted by the c	prporation at or from places of business in Rhode
	corporation at or from p	places of business in th	is state during the following	oss amount of business to be transacted by the year bears to the gross amount thereof which will faivide (b) by (a) and multiply by 100 to obtain the
13	This application is accompa by the secretary of state or c	nied by certified copies other authorized officer	of its articles of incorporati of the jurisdiction of its inco	on and all amendments thereto, duly authenticated prporation
Dat	ed	19 <i>29</i>	AdCare Re	covery Services, Inc.
	· 		(Exact Corpora	e Name of Corporation Making Application)
	FI	LED	Ø Fresider	
		1 5 1999	By Low Y	ni_xctt
	ATE OF UNITY OF	1)2/6920	☐ Sexeter Cleri	
,	In Worrenter	on this 13th		19 97 personally appeared before me
nfo	rmation contained in this App	dication is true and acci		ne corporation, who, under oath, verified that the
			Notary Public	a M. Heatt
			My Commission Exp	ires: October 18, 2002

301864

## THE COMMONWEALTH OF MASSACHUSETTS

# ARTICLES OF ORGANIZATION GENERAL LAWS, CHAPTER 156B, SECTION 12

I hereby certify that, upon an examination of these articles of organization, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$ 200 having been paid, said articles are deemed to have been filed with me this 1 M

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MICHAEL J. CONNOLL!

Secretary of State

A TRUE COPY ATTEST

Special Scaling Solicity

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

DATE A 1/98 CLERK JM.

FILING FEE: 1/20 of 1% of the total amount of the authorized capital stock with pervalue, and one cent a share for all authorized shares without par value, but not less than \$150 General Laws, Chapter 1568. Shares of stock with a par value less than one dollar shall be deemed to have par value of one dollar per share.

## PHOTOCOPY OF ARTICLES OF ORGANIZATION TO BE SENT

V

	Roy A. Bourgeois, Esquire				
	446 Main Street				
	Worcester, MA 01608				
Felephone:	(508) 798-8801				