



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

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign 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. The name of the corporation is: CHESTER PSYCHOLOGICAL SERVICES, P.A.		
2. It is incorporated under the laws of: NEW JERSEY		
3. The 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: Chester Psychological Services, P.A. INC. (b) 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:		
4. The date of its incorporation is: JULY 31, 1986		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 13 INKBERRY TRAIL, NARRAGANSETT, RI 02882		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name ELISABETH BROWN		
Street Address (NOT a P.O. Box) 13 INKBERRY TRAIL		
City/Town NARRAGANSETT	State RHODE ISLAND	Zip Code 02882

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

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PSYCHOLOGICAL SERVICES

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
ELISABETH BROWN	13 INKBERRY TRAIL, NARRAGANSETT, RI 02882
ALAN GROVEMAN	13 INKBERRY TRAIL, NARRAGANSETT, RI 02882

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	ALAN GROVEMAN	13 INKBERRY TRAIL, NARRAGANSETT, RI 02882
VICE PRESIDENT		
TREASURER	ELISABETH BROWN	13 INKBERRY TRAIL, NARRAGANSETT, RI 02882
SECRETARY	ELISABETH BROWN	13 INKBERRY TRAIL, NARRAGANSETT, RI 02882

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,000	COMMON		NO PAR VALUE

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 _____ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

100 _____ %

12. 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.

13. Date when the Certificate of Authority 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

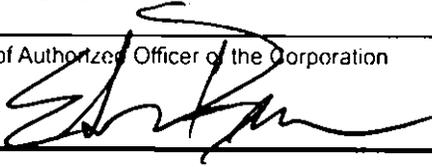
Type or Print Name of Authorized Officer

Date

ELISABETH BROWN

7-2-2020

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

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

CHESTER PSYCHOLOGICAL SERVICES, P.A.
0100306562

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on July 31, 1986.

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:

**ELISABETH BROWN
10 SCHOOLHOUSE LN
CHESTER, NJ 07930**



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

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number . 6108837101

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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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:

July 08, 2020 11:47 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

