



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

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2020 JUL 17 AM 10:55

**Application for Registration**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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		
ACCU REFERENCE MEDICAL LAB LIMITED LIABILITY COMPANY		
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: <span style="float:right">New Jersey</span>		
3. The date of its organization is: <span style="float:right">June 13, 2004</span>		
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 <span style="float:right">Registered Agents Inc</span>		
Street Address (NOT a P.O. Box) <span style="float:right">47 Wood Ave Suite 2</span>		
City/Town <span style="float:right">Barrington</span>	State <span style="float:right"><b>RHODE ISLAND</b></span>	Zip Code <span style="float:right">02806</span>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are.		
Any lawful purpose <span style="font-size: 1.2em; font-family: cursive;">Medical Laboratory</span>		
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

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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:

Registered Agents Inc. Attn: ACCU REFERENCE MEDICAL LAB LIMITED LIABILITY 47 Wood Ave Suite 2 Barrington, RI 02806

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

ACCU REFERENCE MEDICAL LAB LIMITED LIABILITY COMPANY  
1901 East Linen Ave STE 12, Linden, NJ 07036

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 ACCU REFERENCE MEDICAL LAB LIMITED LIABILITY COMPANY	Date 07/16/2020
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Signature of Authorized Person  


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

**ACCU REFERENCE MEDICAL LAB LIMITED LIABILITY COMPANY  
0400060334**

*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 June 13, 2004.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020*

*I further certify that the registered agent and office are:*

KAMRAN ALISON  
1901 EAST LINDEN AVENUE  
UNIT 25  
LINDEN, NJ 07036



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of July, 2020.*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number 6109269927*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYFR/StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYFR/StandingCertJSP/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:

July 17, 2020 10:55 AM

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

Nellie M. Gorbea  
*Secretary of State*

