Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

2020 AUG 28 PM 2: 5	R.I. DEPT. OF STATE
: 50	.E

The name of the limited liability company is:				
Navin, Haffty & Associates, LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X				
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 Massachusetts	· · · · · ·			
3. The date of its organization is: August 31, 2001				
And the period of its duration is: CHECK ONE BOX ONLY				
X Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Island is:				
Agent Name Corporation Service Company				
Street Address (NQT a P.O. Box) 222 Jefferson Boulevard, Suite 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				
IT Consulting for MEDITECH Software				
Check the box to indicate an attachment				

MAIL TO:

Division of Business Services

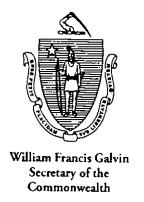
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILEDIAMP

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FORM 450 - Revised 11/2019

The RI Department of State is appointed any time, there is no resident agent or if the diligence.	d the agent of the foreign limited liability company for the resident agent cannot be found or served following	or service of process if, at ig 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:				
1900 West Park Drive, Suite 180, Westborough, MA 01581				
8. The mailing address for the limited liability company is:				
1900 West Park Drive, Suite 180, Westborough, MA 01581				
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.)				
X By one (1) or more managers (List managers below)				
MANAGER	ADDRESS			
John Haffty	1900 West Park Drive, Suite 180, Westborough, MA 01	581		
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				
X Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the date of filing)				
	rm that I have examined this Application for Registr tatements contained herein are true and correct.	ation, including any		
Type or Print Name of LLC		Date		
Navin, Haffty & Associates, LLC		August 26, 2020		
Signature of Authorized Person				



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

July 16, 2020

TO WHOM IT MAY CONCERN:

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

NAVIN, HAFFTY & ASSOCIATES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 30, 2001.

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: **JOHN E. HAFFTY**

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

The names of all persons authorized to act with respect to real property listed in the most recent filing are: JOHN E. HAFFTY

In testimony of which,

I have hereunto affixed the

Great Scal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranin Galicin

Processed By:BOD