



State of Rhode Island

Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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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:

STROUDWATER ASSOCIATES

2. It is incorporated under the laws of:

MAINE

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:

STROUDWATER ASSOCIATES 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: OCTOBER 18, 1990

And the period of its duration is: CHECK ONE BOX ONLY

☒ Perpetual (on-going)☐ Date certain for dissolution _____

5. The address of its principal office is:

1665 CONGRESS ST., SUITE 202 PORTLAND ME 04102

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name C T Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence

State RHODE ISLAND

Zip Code 02914

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov**FILED**

SEP 08 2020

BY *[Signature]*

FORM 150 - Revised: 08/2020

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

HEALTHCARE CONSULTING

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
ERIC SHELL	1685 CONGRESS ST., SUITE 202 PORTLAND ME 04102
JEFFREY SOMMER	1685 CONGRESS ST., SUITE 202 PORTLAND ME 04102
OPAL GREENWAY	2601 Link Drive, Franklin TN 37064
JOHN DOWNES	22 Rickey Drive, Framingham MA 01702
CAROL ALEXANDER	878 Peachtree Street, #825, Atlanta GA 30309
JOHN PEEL	162 Hedgelawn Drive, Hendersonville TN 37075

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	JEFFREY B SOMMER	1685 CONGRESS ST., SUITE 202 PORTLAND ME 04102
MANAGING DIRECTOR		
VICE PRESIDENT		
TREASURER	ERIC SHELL	1685 CONGRESS ST., SUITE 202 PORTLAND ME 04102
SECRETARY	NORM BELANGER	215 Commercial St 4th floor, PORTLAND ME 04101

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
250,000	COMMON		0 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.)

ZERO %

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.)

0.77 %

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

GAIL BELT

Date

9/4/2020

Signature of Authorized Officer of the Corporation

Gail L Belt

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 150 - Revised: 08/2020

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.

In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this fourth day of September 2020.



A handwritten signature in black ink, appearing to read "Matthew Dunlap", written over a horizontal line.

Matthew Dunlap
Secretary of State

Additional Addresses

Legal Name	Title	Name	Charter #	Status
STROUDWATER ASSOCIATES	Clerk		19910612 D	GOOD STANDING
Home Office Address (of foreign entity)	Other Mailing Address	Address in Maine		



State of Rhode Island

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,
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:

September 08, 2020 01:13 PM

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

Nellie M. Gorbea
Secretary of State

