



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

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**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: <input checked="" type="radio"/>		
INFUCARE RX LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is: <input type="radio"/>		
2. The LLC is organized under the laws of: <input checked="" type="radio"/> Pennsylvania		
3. The date of its organization is: <input checked="" type="radio"/> 4/8/2015		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="radio"/>		
<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: <input checked="" type="radio"/>		
Agent Name Business Filings Incorporated		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: <input checked="" type="radio"/>		
Infusion Services		
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:  
 2540 Market Street, Suite 1, Aston, Pennsylvania 19014

8. The mailing address for the limited liability company is:  
 PO Box 2578, Secaucus NJ 07096

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 30 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 INFUCARE RX LLC	Date 9/14/2020
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Signature of Authorized Person  
 Dhara Patel, Member

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.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/17/2020

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

I DO HEREBY CERTIFY THAT,

InfuCare Rx LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Katly Bookman*

Secretary of the Commonwealth

Certification Number: TSC200917121014-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>