



State of Rhode Island

Department of State - Business Services Division

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2020 OCT 27 P 1:02

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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:

CCH Healthcare Limited Liability Company

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

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: New Jersey

3. The date of its organization is: 12.27.2013

And the period of its duration is: **CHECK ONE BOX ONLY**☒ Perpetual (on-going)☐ Date certain for dissolution \_\_\_\_\_

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name  
C T Corporation SystemStreet Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7ACity/Town  
East ProvidenceState  
RHODE ISLANDZip Code  
02914

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

Nursing home operations management

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

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BY CP942

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:

15 America Ave., Suite 304  
Lakewood, NJ 08701

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

15 America Ave., Suite 304  
Lakewood, NJ 08701

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.*

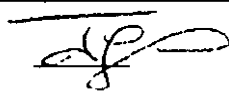
Type or Print Name of LLC

Jacob S. Stern

Date

10/21/2020

Signature of Authorized Person



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

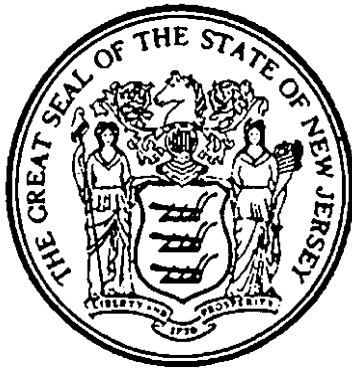
**CCH HEALTHCARE LIMITED LIABILITY COMPANY**  
0400623491

*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 December 27, 2013.*

*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:*

JACOB STERN  
3 FILLMORE AVE  
LAKEWOOD, NJ 08701



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
26th day of October, 2020*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number 6112249655

Verify this certificate online at

[https://www1.state.nj.us/TYTR/StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR/StandingCert/JSP/Verify_Cert.jsp)



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:

October 27, 2020 01:02 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Nellie M. Gorbea  
*Secretary of State*

