



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

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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: <input checked="" type="radio"/> HOME CARE RX INC		
2. It is incorporated under the laws of: <input checked="" type="radio"/> New Jersey		
3. The name, if different, which it elects to use in Rhode Island is: <input checked="" type="radio"/> (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: <input checked="" type="radio"/> (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: <input checked="" type="radio"/>		
4. The date of its incorporation is: <input checked="" type="radio"/> 2-6-2015 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="radio"/> <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: <input checked="" type="radio"/> 695 US Hwy 46 Suite 100, Fairfield, New Jersey 07004		
6. The name and address of the initial registered agent/office in Rhode Island: <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 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

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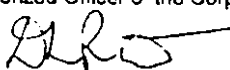
BY *[Signature]* YV5SX

FORM 150 - Revised 12-2017

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: ☺ Infusion services.			
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		
Dhara Patel	PO Box 2578, Secaucus, New Jersey 07096		
Check the box to indicate an attachment <input type="checkbox"/>			
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	Dhara Patel	PO Box 2578, Secaucus, New Jersey 07096	
VICE PRESIDENT	Dhara Patel	PO Box 2578, Secaucus, New Jersey 07096	
TREASURER	Alpesh Patel	PO Box 2578, Secaucus, New Jersey 07096	
SECRETARY	Dhara Patel	PO Box 2578, Secaucus, New Jersey 07096	
Check the box to indicate an attachment <input type="checkbox"/>			
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
1000	Common		0
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.) ☺ 0 _____ %			
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.) ☺ .26 _____ %			

12. 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 this filing. 	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY 	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i> 	
Type or Print Name of Authorized Officer Dhara Patel, President	Date 10/14/2020
Signature of Authorized Officer of the Corporation 	

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.

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

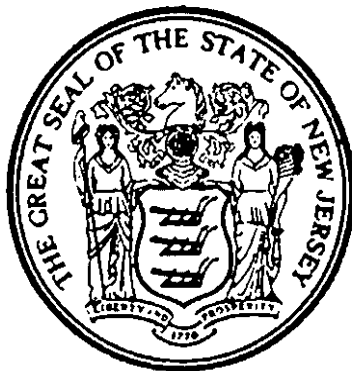
HOMECARE RX INC
0400722426

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 06, 2015.

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:

DHARA PATEL
818 B 7TH ST,
SECAUCUS, NJ 07094



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of September, 2020*

Elizabeth Maher Muoio
State Treasurer

Certificate Number 611122547

Verify this certificate online at

https://www1.state.nj.us/TYTR/StandingCert/ISP/Verify_Cert.jsp