



State of Rhode Island

Department of State - Business Services Division

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Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-12-1405, 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:
Pinnacle Healthcare Solutions, Inc

2 It is incorporated under the laws of:
Commonwealth of Massachusetts

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:
(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: *2/8/05*
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:
1 Lake Street Norfolk MA 02056

6 The name and address of the initial registered agent/office in Rhode Island:
Agent Name *Registered Agents Inc*
Street Address (NOT a P.O. Box) *47 Wood Ave, Suite 2*
City/Town *Bassington* State **RHODE ISLAND** Zip Code *02806*

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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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
<i>David Longmore</i>	<i>1 Lake St Norfolk MA 02056</i>

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	<i>David Longmore</i>	<i>1 Lake St Norfolk MA 02056</i>
VICE PRESIDENT	<i>David Longmore</i>	<i>1 Lake St Norfolk MA 02056</i>
TREASURER	<i>David Longmore</i>	<i>1 Lake St Norfolk MA 02056</i>
SECRETARY	<i>David Longmore</i>	<i>1 Lake St Norfolk MA 02056</i>

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
<i>275,000</i>	<i>Common</i>		<i>No Par Value</i>

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.)

30 %

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.

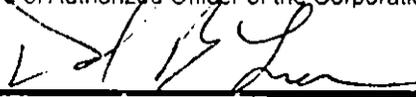
Type or Print Name of Authorized Officer

Date

David Longmoore

7/26/21

Signature of Authorized Officer of the Corporation





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

William Francis Galvin
Secretary of the
Commonwealth

Date: July 23, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

PINNACLE HEALTHCARE SOLUTIONS, INC.

is a domestic corporation organized on **February 08, 2005** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21070523710

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: bod



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:

August 10, 2021 02:51 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

