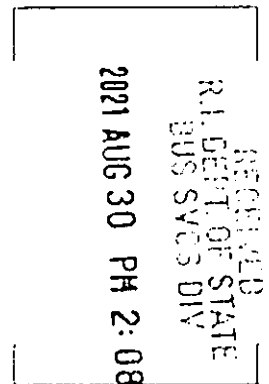




State of Rhode Island

Department of State - Business Services Division

**Certificate of Authority**

FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
<b>New Beginnings Health Inc</b>		
1a. The name, if different, which it elects to use in Rhode Island is:		
*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.		
2. It is incorporated under the laws of: State of Delaware		
3. The date of its incorporation is: 08/19/2021		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: 120 Industrial Park Road, Suite 1, Hingham, MA 02043		
5. The name and address of the initial registered agent/office in Rhode Island is.		
Agent Name Benedetto A. Cerilli Jr. ESQ		
Street Address (NOT a P.O. Box) 46 Morgan Avenue		
City/Town Johnston	State RHODE ISLAND	Zip Code 02919

**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

AUG 30 2021

2:08

BY *[Signature]* 6V6XD

FORM 250 - Revised 08/2020

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:  
Provide outreach, education, testing, clinical and other support services for Rhode Island residents living with (or at risk for obtaining) HIV, Hepatitis C, and other sexually transmitted diseases (STDs).

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Richard E Carlisle, President	5248 Riverview Blvd, Bradenton, FL 34209
Director		
Director		
President		
Vice President		
Treasurer		
Secretary	Scott L Ponaman	5352 East Verde Lane, Phoenix, AZ 85018

Check the box to indicate an attachment ☐

8. 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.

*Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of ☒ President OR ☐ Vice President

Date  
05/25/2021

Richard E Carlisle

Signature of President OR Vice President

Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Date  
06/26/2021

Scott L Ponaman

Signature of Secretary OR Assistant Secretary

Scott L Ponaman

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](mailto:corporations@sos.ri.gov).

FORM 200 - Revised 10/2019

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW BEGINNINGS HEALTH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW BEGINNINGS HEALTH INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2021.



6170857 8300C

SR# 20213089834

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204015472

Date: 08-26-21



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 30, 2021 02:08 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a light blue circular watermark that matches the Seal of the State of Rhode Island.

Nellie M. Gorbea  
*Secretary of State*

