RI SOS Filing Number: 202102936610 Date: 10/8/2021 12:19:00 PM

	State of Rhode Island	
	State of Rhode Island Department of State - Business Services	Division

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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TO P SUCCESSED AND AND SUCCESSED SUCCESSED

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:					
The name of the limited liability company is:					
Zipher Medical Affairs Company, LLC					
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: Massachuse	etts				
3. The date of its organization is: 11/6/2008					
And the period of its duration is: CHECK ONE BOX ONLY					
Perpetual (on-going)		. R.			
Perpetual (on-going) Date certain for dissolution					
4. The name and address of the resident agent/office in Rhod	e Island is:	1 0 - 52			
Agent Name TRAC – The Registered Agent Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
To render medical affairs consulting and educational services.					
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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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:					
380 Wareham Street, Marion, MA 02738					
8. The mailing address for the limited liabil	lity company is:				
380 Wareham Street, Marion, MA 02738					
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, 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 <u>Certificate of Good Standing/Letter of Status</u> 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	Date				
Zipher Medical Affairs Company, L	October 7, 2021				
Signature of Authorized Person					

Peggy A. Crowley-Nowick, Authorized Person



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

October 6, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ZIPHER MEDICAL AFFAIRS COMPANY, LLC

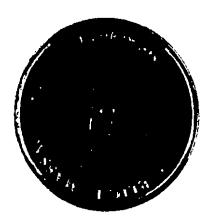
in accordance with the provisions of Massachusetts General Laws Chapter 156C on November 6, 2008.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: PEGGY A. CROWLEY-NOWICK

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **PEGGY A. CROWLEY-NOWICK**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: PEGGY A. CROWLEY-NOWICK



Processed By:BOD

In testimony of which,

I have hereunto affixed the

Great Scal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Ellean Travin Galicin

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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 08, 2021 12:19 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

