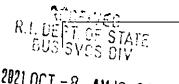
RI SOS Filing Number: 202102944200 Date: 10/8/2021 10:29:00 AM





Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

BUSISYES DIV		
2021 OCT -8	AH 10: 29	

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u> , 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:							
The name of the corporation is:							
RIA HEALTH, P.C.							
2. It is incorporated under the laws of: California							
3. The name, if different, which it elects to use in Rhi	ode 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: 4/13/201	7						
And the period of its duration is: CHECK ONE BOX Perpetual (on-going)	ONLY						
Date certain for dissolution							
5. The address of its principal office is:							
1390 Market St Suite 200 San Francisco CA 94102							
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 Barrington	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

BY CU K29

8. (a) The names and restate or country of which	espective addr h it is incorpor	esses of its ated):	s directors (or	otional, (unless direct	ors are required under the	e laws of the
NAME	NAME			ADDRESS			
John Mendelson 254 28th st S		San Francisco CA 94103					
7							
				~~~		eck the box to indicate an	
<ol><li>(b) The names and re of the state or country of</li></ol>	espective addr of which it is in:	esses of its corporated)	s principal offi :	cers (ma	andatory if d	irectors are not required u	nder the laws
OFFICE	Ϊ	NAME				ADDRESS	
PRESIDENT	John Mendelson		254	28th st	San Francisco	CA 94131	
VICE PRESIDENT							
TREASURER	John Mendelson		254	28th st	San Francisco	CA 94131	
SECRETARY	John Mendelson		254	28th st	San Francisco	CA 94131	
	-					eck the box to indicate ar	
<ol><li>The aggregate numb par value, and series, it</li></ol>			authority to is	sue; ite	mized by cla	sses, par value of shares,	, shares withou
NUMBER OF SHARES	CLAS	· ·		SERIES		PAR VALUE OR STATE N	IO PAR VALUE
1,000,000	commor	1	CS-1			no par value	
		<del>-</del>			<u> </u>		
<del>.</del>					<del></del>		
						e property of the corporati	
the following year, whe							mica damig
0%	•						

12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	od Standing/Letter of Status from the state or country of			
13. Date when the Certificate of Authority will be effective: CHEC	CK 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 examine accompanying attachments, and that all statements contained h				
Type or Print Name of Authorized Officer	Date			
John Mendelson	09/21/21			
Signature of Authorized Officer of the Corporation				
John Mendelson				



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: RIA HEALTH, P.C.

File Number: C4015340 Registration Date: 04/13/2017

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of August 22, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 23, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: R55Q64R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

RI SOS Filing Number: 202102944200 Date: 10/8/2021 10:29:00 AM



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 10:29 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

