



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

FILED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 NOV -1 AM 10:31

STAMP

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: Wound Care Concepts Inc		
2. It is incorporated under the laws of: Pennsylvania		
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: 10-7-2005		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 47 Wood Ave Suite 2 Barrington RI 02806		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name Northwest Registered Agent, LLC		
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

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 BY *[Signature]* SVM62

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

The purpose of organization includes, but is not limited to:

The sale of durable medical equipment.

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
Fredric Brotz	47 Wood Ave Suite 2 Barrington RI 02806

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	Fredric Brotz	47 Wood Ave Suite 2 Barrington RI 02806
VICE PRESIDENT		
TREASURER	Fredric Brotz	47 Wood Ave Suite 2 Barrington RI 02806
SECRETARY	David Navazio	47 Wood Ave Suite 2 Barrington RI 02806

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
1000	Common		1

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.)

0.35 %

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

Michael P. Alford

Date

10-29-2021

Signature of Authorized Officer of the Corporation

Michael P. Alford

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/28/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Wound Care Concepts, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Veronica W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC211028172330-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



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:

November 01, 2021 10:31 AM

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

Nellie M. Gorbea
Secretary of State

