



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

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 BUS SVCS DIV  
 2021 DEC 20 PM 2:08

**Application for Registration**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$150 00

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:

1. The name of the limited liability company is:		
ZEPHYR BEHAVIORAL HEALTHCARE LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: <span style="float: right;">MASSACHUSETTS</span>		
3. The date of its organization is: <span style="float: right;">06/10/2020</span>		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is		
Agent Name <span style="float: right;">ALEX MARQUEZE</span>		
Street Address (NOT a P.O. Box) <span style="float: right;">18A BALLOU AVE</span>		
City/Town <span style="float: right;">LINCOLN</span>	State <span style="float: right;">RHODE ISLAND</span>	Zip Code <span style="float: right;">02865</span>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: BEHAVIORAL HEALTH SERVICES FOR CHILDREN WITH AUTISM		
Check the box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

2:08

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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:

18A BALLOU AVE, LINCOLN RI 02865

8. The mailing address for the limited liability company is:

PO BOX 106 HATFIELD MA 01038

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
LIZA ASHLEY	155 FRIZZELL HILL RD, LEYDEN MA 01038
ALEX MARQUEZ	155 FRIZZELL HILL RD, LEYDEN MA 01038

10. 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 filing

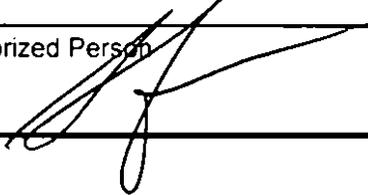
11 Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

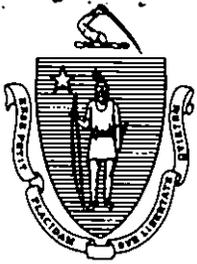
Date received (Upon filing)

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 ZEPHYR BEHAVIORAL HEALTHCARE LLC	Date 12/17/2021
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Signature of Authorized Person 



William Francis Galvin  
Secretary of the  
Commonwealth

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

December 15, 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

**ZEPHYR BEHAVIORAL HEALTHCARE LLC**

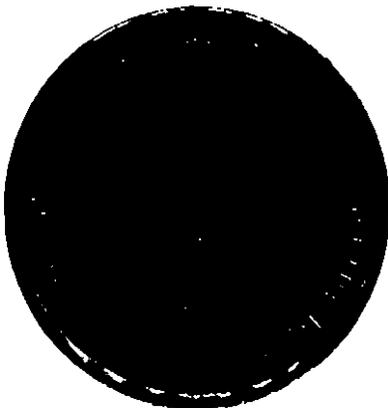
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 10, 2020**.

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: **NONE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **ALEX MARQUEZ, LIZA ASHLEY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **ALEX MARQUEZ, LIZA ASHLEY**



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



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:

December 20, 2021 02:08 PM

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

Nellie M. Gorbea  
*Secretary of State*

