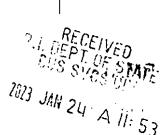


## Application for Registration

**FOREIGN Limited Liability Company** 

→ Filing Fee: \$150.00



Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

purpose submits the following statement:	<u> </u>		
1. The name of the limited liability company is:			
KePRO Acquisitions, 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: Pennsylvani	а		
3. The date of its organization is: 07/26/1996			
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name Corporation Service 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:			
Healthcare Information 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 FILED 1153 WAN 24 2023 BY 5176-K

<ol><li>The Rt Department of State is appointe any time, there is no resident agent or if the diligence.</li></ol>	d the agent of the foreign limited liability company fine resident agent cannot be found or served following	or service of process if, at ng the exercise of reasonable	
<ol><li>The address of the office required to be if not so required, of the principal office of</li></ol>	maintained in the state or country of its organization the foreign limited liability company is:	on by the laws of that state or,	
777 East Park Drive, Harrisburg, P	A 17111		
8. The mailing address for the limited liabi	lity company is:		
777 East Park Drive, Harrisburg, P	A 17111		
9. Management of the Limited Liability Co	mpany		
The Limited Liability Company is to be ma	naged 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)		
	irm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date	
KePRO Acquisitions, LLC		01/18/2023	
Signature of Authorized Person			
	<del></del>		

## **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: KePRO Acquisitions, LLC

Request Type: Subsistence Certificate Issuance Date: January 20, 2023

**Request No.:** 008354431 **File No.:** 0002707199

Receipt No.: 000340978

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: July 26, 1996

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

KePRO Acquisitions, LLC

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year above written

Men Solm

**Albert Schmidt** 

Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov