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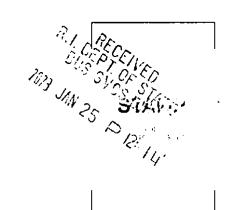


State of Rhode Island

Department of State - Business Services Division

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation



Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

Entity ID Number:	2. The full name of the entity filing this application is:		
001665777	Keystone Peer Review Organization, Inc.		
The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)			
☐ Limited Liability Company ☑ Business Corporation ☐ Non-Profit Corporation			
Limited Partnership Limited Liability Partnership			
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)			
Limited Liability Company (RIGL 7-16-52.1) Business Corporation (RIGL 7-1.2-1411.1)			
Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership or Limited Liability Limited Partnership			
(RIGL <u>7-13.1-1009</u>) Limited Liability Partnership (RIGL <u>7-12.1-1009</u>)			
The date the applicant qualified to conduct business in		The jurisdiction upon transfer of authority is:	
Rhode Island is: 08/09/2016		Pennsylvania	
7. The name of the entity following the transfer of authority is:			
Keystone Peer Review Organization, LLC			
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY			
Application for registration for a Limited Liabilty Company			
Application for certificate of authority for a Business Corporation			
Application for certificate of authority for a Non-Profit Corporation			
Statement of registration for a Limited Partnership			
Statement of registration for a registered Limited Liability Partnership			
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good			
Standing/Legal Existence from the	current jurisdiction of the e	entity.	

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 WIP

JAN 25 2023

FORM 612- Revised 01/2023

TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above. Type or Print Name of Limited Liability Company			
Type of Print Name of Limited Liability Company			
Signature of Authorized Person	Date		
Signature of Authorized Person	Date		
Type or Print Name of Corporation			
Keystone Peer Review Organization, Inc.			
Signature of Authorized Person	Date		
mg2	01/20/2023		
Signature of Authorized Person	Date		
Turn on Driet Name of Burton Att			
Type or Print Name of Partnership			
Signature of Partner	Date		
Signature of Partner	Date		
Signature of Partner Signature of Partner	Date Date		
Signature of Partner			
Signature of Partner			

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I, GREGG M. AMORE, 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:

January 25, 2023 12:14 PM

Gregg M. Amore

Secretary of State

Treg M. Coure

