



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

Application for Registration
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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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: ()		
Arcara Personalized Psychiatry, PLLC		
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: ()		
Arcara Personalized Psychiatry, LLC		
2. The LLC is organized under the laws of: () Massachusetts		
3. The date of its organization is: () June 16, 2017		
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 _____		
4. The name and address of the resident agent/office in Rhode Island is: ()		
Agent Name Kimberley Arcara		
Street Address (NOT a P.O. Box) 3970 Post Road Warwick, RI 02886		
City/Town Warwick	State RHODE ISLAND	Zip Code 02886
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: ()		
Mental Health Therapy Prescription drug management. Diagnosis and treatment of mental illness		
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

FILED

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BY AL 55407

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: ()

8 Lyman St. Suite 200 Westborough, MA 01581

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

8 Lyman St. Suite 200 Westborough, MA 01581

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, go to Section 9. (DO NOT fill out the chart below.) ()

☒ By one (1) or more managers (List managers below) ()

MANAGER	ADDRESS
Kimberly Arcara	4 Thomas Rd Wellesley, MA 02482

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

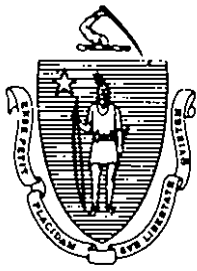
Date

Arcara Personalized Psychiatry, PLLC

1/15/23

Signature of Authorized Person

Kimberly Arcara



William Francis Galvin
Secretary of the
Commonwealth

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

October 11, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ARCARA PERSONALIZED PSYCHIATRY, PLLC

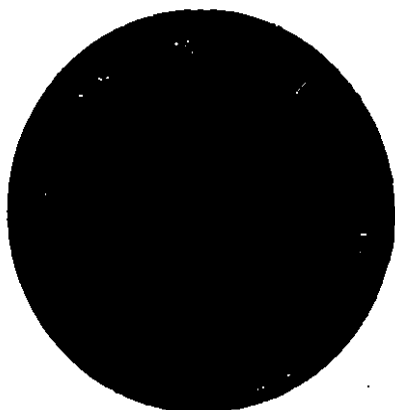
in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 16, 2017**.

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:
KIMBERLEY ARCARA MSN, PMHNP

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **KIMBERLEY ARCARA MSN, PMHNP**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



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

Gregg M. Amore, *Secretary of State*

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:

February 01, 2023 01:51 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

