RI SOS Filing Number: 202331027930 Date: 3/16/2023 5:42:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$310.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Corporation

Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is <u>Cartwheel Health Services P.C.</u>

SECTION II

It is incorporated under the laws of State: \underline{MA} Country: \underline{USA}

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

- (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**
- (b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 7/27/2022

and the period of its duration is X Perpetual

SECTION V

The location of its principal office is

No. and Street: 625 MASSACHUSETTS AVENUE

FL 2

City or Town: CAMBRIDGE State: MA Zip: 02139 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

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

PROVIDE MEDICAL AND MENTAL HEALTH SERVICES

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JULIANA CHEN	625 MASSACHUSETTS AVENUE, FL 2 CAMBRIDGE, MA 02139 USA
DIRECTOR	JULIANA CHEN	625 MASSACHUSETTS AVENUE, FL 2 CAMBRIDGE, MA 02139 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	JULIANA CHEN	625 MASSACHUSETTS AVENUE, FL 2 CAMBRIDGE, MA 02139 USA	
DIRECTOR	JULIANA CHEN	625 MASSACHUSETTS AVENUE, FL 2 CAMBRIDGE, MA 02139 USA	

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Num of Shares	
CWP			\$0.0001	1,000.00

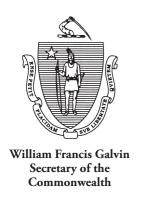
Signed this 16 Day of March, 2023 at 5:44:16 PM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By JULIANA CHEN

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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

Date: January 30, 2023

To Whom It May Concern:

I hereby certify that according to the records of this office,

CARTWHEEL HEALTH SERVICES P.C.

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galelin

Certificate Number: 23010586050

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: bod

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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:

March 16, 2023 05:42 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

