RI SOS Filing Number: 202331859630 Date: 3/29/2023 11:18:00 AM



# State of Rhode Island Office of the Secretary of State

Fee: \$150.00

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

# Foreign Limited Liability Company Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

#### **ARTICLE I**

The name of the limited liability company is: Bio-Med Innovations, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

\_\_ Check if this company is organized in its state or country of formation as a low-profit limited liability company.

#### **ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

New England MedWaste

#### **ARTICLE III**

The Limited Liability Company is organized under the laws of: State: MA Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

#### **ARTICLE IV**

The date of its organization is: 6/19/2018

#### **ARTICLE V**

The period of its duration is: X Perpetual

## **ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: <u>135 SCOTT ROAD</u>

City or Town: CUMBERLAND State: RI Zip: 02864

Name: <u>NEIL BUSKEY</u>

#### **Article VII**

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

#### REGULATED MEDICAL WASTE HAULING & DOCUMENT SHREDDING SERVICES

#### **ARTICLE VIII**

The Rhode Island 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.

#### **ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 30 LOG BRIDGE ROAD

STE 108

City or Town: MIDDLETON State: MA Zip: 01949 Country: USA

#### **ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 30 LOG BRIDGE ROAD

STE 108

City or Town: MIDDLETON State: MA Zip: 01949 Country: USA

## **ARTICLE XI**

The limited liabilty company is to be managed by its  $\underline{\hspace{0.1in}}$  Members or  $\underline{\hspace{0.1in}}$  Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MATTHEW JOSEPH NEKOROSKI	135 CHESTNUT ST LYNNFIELD, MA 01940 USA
MANAGER	PHILIP CARON	1308 KRIKBRIDE DR DANVERS, MA 01923 USA

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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 29 Day of March, 2023 at 11:18:39 AM by the Authorized Person.

# **MATTHEW NEKOROSKI**

Form No. 450 Revised 09/07

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

# October 19, 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

# **BIO-MED INNOVATIONS, LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **June 19**, **2018**.

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: PHILIP CARON, MATTHEW J. NEKOROSKI

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: PHILIP CARON, MATTHEW J. NEKOROSKI

The names of all persons authorized to act with respect to real property listed in the most recent filing are: PHILIP CARON, MATTHEW J. NEKOROSKI



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Venin Galein

Processed By:NGM

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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 29, 2023 11:18 AM

Gregg M. Amore Secretary of State

Treg M. Coure

