



**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: Precise Mobile Phlebotomy 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:

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: 3/20/2023

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

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

No. and Street: 84 CORNELL ROAD

City or Town: TIVERTON

State: RI

Zip: 02878

Name: PAM MEDEIROS

Article VII

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

THE BUSINESS WILL BE WORKING WITH RHODE ISLAND HOSPITALS AND DOCTORS TO PROVIDE HOME BLOOD DRAWS FOR HOMEBOUND PATIENTS.

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: 84 CORNELL ROAD

City or Town: TIVERTON

State: RI

Zip: 02878

Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 1538 SLADE STREET

City or Town: FALL RIVER

State: MA

Zip: 02721

Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members or X 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	PAMELA XAVIER	1538 SLADE STREET FALL RIVER, MA 02721 USA
MANAGER	ANDREA KENNEDY	1017 MIDDLE STREET FALL RIVER, MA 02721 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 4 Day of April, 2023 at 5:36:54 PM by the Authorized Person.

PAMELA XAVIER

Form No. 450
Revised 09/07

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William Francis Galvin
Secretary of the
Commonwealth

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

March 29, 2023

TO WHOM IT MAY CONCERN:

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

PRECISE MOBILE PHLEBOTOMY LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 20, 2023**.

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:
PAMELA XAVIER, ANDREA KENNEDY

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **PAMELA XAVIER, ANDREA KENNEDY**

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:

April 04, 2023 05:36 PM

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

Gregg M. Amore
Secretary of State

