



**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: NURSEPOWER, 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: CT 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: 04/13/2023

**ARTICLE IV**

The date of its organization is: 4/29/2020

**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: 47 WOOD AVE  
SUITE 2

City or Town: BARRINGTON

Name: NORTHWEST REGISTERED AGENT LLC

State: RI Zip: 02806

**Article VII**

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

PROVIDER OF SHORT-TERM STAFFING SOLUTIONS FOR THE HEALTHCARE INDUSTRY.

**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: 282 FRANKLIN ST  
STE 2  
City or Town: NORWICH State: CT Zip: 06360 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 282 FRANKLIN ST  
STE 2  
City or Town: NORWICH State: CT Zip: 06360 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its X Members or \_\_ 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
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*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 13 Day of April, 2023 at 11:34:30 AM by the Authorized Person.**

CALEB ROSEME

Form No. 450  
Revised 09/07

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# Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: April 13, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

## Business Details

Business Name NURSEPOWER, LLC

Business ALEI US-CT.BER:1342787

Formation Date 04/29/2020

## Filing History

<i>Filing Type</i>	<i>Filing Date &amp; Time</i>	<i>Effective Date &amp; Time</i>
Certificate of Organization	4/29/2020	04/29/2020 10:09 AM
Agent Change	10/26/2020	10/26/2020 12:01 AM
Annual Report(2021)	2/13/2021	
Annual Report(2022)	01/31/2022 03:09 PM	
Annual Report(2023)	01/16/2023 03:25 PM	



Secretary of the State

Business ALEI: US-CT.BER:1342787

Note: To verify this certificate, visit [Business.ct.gov](https://Business.ct.gov)

Certificate Number: C-00089607



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 13, 2023 11:33 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

