



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 TOWNE NURSING STAFF INC.

SECTION II

It is incorporated under the laws of State: NY Country: 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 1/16/1997

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 1413 38TH STREET  
City or Town: BROOKLYN State: NY Zip: 11218 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD.  
SUITE 200  
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is INCORPORATING SERVICES, LTD.

SECTION VII

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

HEALTHCARE STAFFING 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
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PRESIDENT	MEYER GREISMAN	901 AVE N BROOKLYN, NY 11218 USA
VICE PRESIDENT	AARON D GREISMAN	213 GLEN AVE S LAKEWOOD, NJ 08701 USA
DIRECTOR	MEYER GREISMAN	901 AVE N BROOKLYN, NY 11230 USA
DIRECTOR	AARON D GREISMAN	213 GLEN AVE S LAKEWOOD, NJ 08701 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	MEYER GREISMAN	901 AVE N BROOKLYN, NY 11218 USA
VICE PRESIDENT	AARON D GREISMAN	213 GLEN AVE S LAKEWOOD, NJ 08701 USA
DIRECTOR	MEYER GREISMAN	901 AVE N BROOKLYN, NY 11230 USA
DIRECTOR	AARON D GREISMAN	213 GLEN AVE S LAKEWOOD, NJ 08701 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 <i>Num of Shares</i>	
CNP			\$0.0000	300.00

**Signed this 3 Day of May, 2023 at 11:08:52 AM 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 MEYER GREISMAN  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** TOWNE NURSING STAFF INC.  
**DOS ID Number:** 2103178  
**Entity Type:** DOMESTIC BUSINESS CORPORATION  
**Entity Status:** EXISTING  
**Date of Initial Filing with DOS:** 01/16/1997  
  
**Statement Status:** CURRENT  
**Statement Due Date:** 01/31/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on May 03, 2023 at 10:46 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State

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