RI SOS Filing Number: 202336084280 Date: 5/24/2023 1:26:00 PM

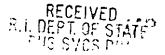


## State of Rhode Island

## Department of State - Business Services Division

## **Application for Certificate of Authority** FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



2023 HAY 24 P 1: 26

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u> , the undersigned foreign corporation hereby	
applies for a Certificate of Authority to transact business in the State of Rhode Island, and	
for that purpose submits the following statement:	
1. The name of the corporation is:	

1. The name of the corporation is:		,		
National Medical Care, Inc.				
2. It is incorporated under the laws of: Delaware				
3. The name, if different, which it elects to use in Rho	ode Island is:			
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:				
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:				
4. The date of its incorporation is: 08/06/1984				
And the period of its duration is: CHECK ONE BOX ONLY  ✓ Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
920 Winter St., Waltham, MA 02451				
6. The name and address of the initial registered agent/office in Rhode Island:				
Agent Name C T Corporation System				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED BY

2 4 2023

FORM 150- Revised:

real estate transaction			
8. (a) The names and restate or country of which		ectors (optional, unless dir	ectors are required under the laws of the
NAME			DDRESS
William J. Valle	920 Winter St.	., Waltham, MA 02451	
Dennis Kogod 920 Winter St., Waltha		., Waltham, MA 02451	
· · · · · · · · · · · · · · · · · · ·		-	
· · · · · · · · · · · · · · · · · · ·			
			Check the box to indicate an attachment
8. (b) The names and re of the state or country of	espective addresses of its prior which it is incorporated):	incipal officers (mandatory	if directors are not required under the laws
OFFICE	NAME		ADDRESS
PRESIDENT	Dennis Kogod	920 Winter St., V	Valtham, MA 02451
VICE PRESIDENT	Domenic Gaeta	920 Winter St., V	Valtham, MA 02451
TREASURER	Mark Fawcett	920 Winter St., V	Valtham, MA 02451
SECRETARY	Patricia Rich	920 Winter St., V	Waltham, MA 02451
			Check the box to indicate an attachment
9. The aggregate numb		thority to issue; itemized by	v classes, par value of shares, shares without
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
3000	common		.01
	<del></del>		
located within this state	percentage, of the proportion during the following year becrever located. (Note: Percent	ears to the value of all prop	of the property of the corporation to be early of the corporation to be owned during neel.)
0	6		
at or from places of bu	percentage, of the proportion siness in Rhode Island during oration during the following y	g the following year compa	usiness to be transacted by the corporation ared to the gross amount thereof which will be tained from worksheet.)

12. This application must be accompanied by a <u>Certificate of Good St</u> formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK OI	NE BOX ONLY
X Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the	e date of filing)
14. Under penalty of perjury, I declare and affirm that I have examined any accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date
Domenic Gaeta	5/23/23
Signature of Authorized Officer of the Corporation	

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NATIONAL MEDICAL CARE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203405622

Date: 05-23-23

2041428 8300 SR# 20232295933 RI SOS Filing Number: 202336084280 Date: 5/24/2023 1:26:00 PM



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:

May 24, 2023 01:26 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

