



**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 IThe name of the corporation is TRES HEALTH, INC.**SECTION II**It is incorporated under the laws of State: FL 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 7/15/2022and the period of its duration is Perpetual **SECTION V**

The location of its principal office is

No. and Street: 47 WOOD AVE SUITE 2City or Town: BARRINGTON State: RI Zip: 02806 Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2City or Town: BARRINGTON State: RI Zip: 02806and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC**SECTION VII**

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

THIRD PARTY ADMINISTRATOR (TPA).**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
PRESIDENT	ARI ROSTOWSKY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	DAVID MORRIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA

SECRETARY	MICHAEL FEENEY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	DAVID MORRIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	MICHAEL FEENEY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	ARI ROSTOWSKY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 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	ARI ROSTOWSKY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
TREASURER	DAVID MORRIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
SECRETARY	MICHAEL FEENEY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	DAVID MORRIS	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	MICHAEL FEENEY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 USA
DIRECTOR	ARI ROSTOWSKY	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 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>	
CWP			\$0.0100	10,000.00

Signed this 18 Day of July, 2023 at 5:20:50 PM 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 ARI ROSTOWSKY
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

State of Florida

Department of State

I certify from the records of this office that TRES HEALTH, INC. is a corporation organized under the laws of the State of Florida, filed on July 15, 2022.

The document number of this corporation is P22000056769.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on June 8, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of July, 2023*




Secretary of State

Tracking Number: 3973233869CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



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:

July 18, 2023 05:20 PM

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

Gregg M. Amore
Secretary of State

