



**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 NurseDeck Inc.

**SECTION II**

It is incorporated under the laws of State: DE 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 07/20/2023

**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 9/23/2021

and the period of its duration is ☒ Perpetual ☐

**SECTION V**

The location of its principal office is

No. and Street: 103 MORGAN LN STE 102

City or Town: PLAINSBORO

State: NJ

Zip: 08536

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL PARKWAY - SUITE 7A

PROVIDENCE COUNTY

City or Town: EAST PROVIDENCE

State: RI

Zip: 08536

and the name of its proposed registered agent in Rhode Island at that address is BUSINESS FILINGS INCORPORATED

**SECTION VII**

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

STAFFING SERVICES - NURSING AND ALLIED HEALTH POSITIONS

**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	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA

PRESIDENT	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
CEO	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
CEO	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	AMIT GAUR	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	AMIT GAUR	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
PRESIDENT	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
CEO	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
CEO	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	AMIT GAUR	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	RAKESH SHAH	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	NEVILLE GUPTA	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 USA
DIRECTOR	AMIT GAUR	103 MORGAN LN STE 102 PLAINSBORO, NJ 08536 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	1,000.00

**Signed this 20 Day of July, 2023 at 10:16:57 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 RAKESH SHAH

Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NURSEDECK 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-EIGHTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NURSEDECK INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2021.

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



  
Jeffrey W. Bullock, Secretary of State

6259025 8300

SR# 20232868442

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203642705

Date: 06-28-23



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 20, 2023 10:16 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

