

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: Crest Healthcare Products 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.

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: NH 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: 09/25/2023

ARTICLE IV

The date of its organization is: 7/8/2015

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEFFERSON BLVD.

SUITE 200

City or Town: WARWICK State: RI Zip: 02888

Name: <u>REGISTERED AGENT SOLUTIONS, INC.</u>

Article VII

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

THE SALES, AND SERVICE OF MEDICAL EQUIPMENT

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: 56 SETON DR

City or Town: <u>BEDFORD</u> State: <u>NH</u> Zip: <u>03110</u> Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: PO BOX 4003

City or Town: MANCHESTER State: NH Zip: 03108 Country: USA

ARTICLE XI

The limited liabilty company is to be managed by its <u>X</u> Members* or <u>___ Managers</u> (check one)

* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS (Individuals hired by the members with no ownership interest).

The name and address of each manager:

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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 20 Day of September, 2023 at 4:00:20 PM by the Authorized Person.

BRETT SPRINKLE	
Form No. 450 Revised 09/07	
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State of New Hampshire Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CREST HEALTHCARE PRODUCTS LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on July 08, 2015. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 728676

Certificate Number: 0006323790



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of September A.D. 2023.

David M. Scanlan Secretary of State