



State of Rhode Island  
Department of State - Business Services Division

## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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Pursuant to the provisions of RIGL 7-1.2-1405, 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: THERAEX REHAB SERVICES, INC.		
2. It is incorporated under the laws of: CALIFORNIA		
3. The name, if different, which it elects to use in Rhode 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: 10/01/2009 And the period of its duration is: <b>CHECK ONE BOX ONLY</b> <input checked="" type="checkbox"/> Perpetual (on-going) Date certain for dissolution _____		
5. The address of its principal office is: 1320 WILLOW PASS ROAD, 6TH FLOOR CONCORD, CA 94520		
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](http://www.sos.ri.gov)

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

8. (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):

NAME	ADDRESS
REY DAVID RIVERA	92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707

Check the box to indicate an attachment

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	REY DAVID RIVERA	92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707
VICE PRESIDENT	REY DAVID RIVERA	92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707
TREASURER	REY DAVID RIVERA	92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707
SECRETARY	REY DAVID RIVERA	92-1168 OLANI STREET #49-2 KAPOLEI, HI 96707

Check the box to indicate an attachment

9. 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:


NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000,000	COMMON		\$0.00001

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0  
 \_\_\_\_\_ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

100  
 \_\_\_\_\_ %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing) _____	
14. <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer REY DAVID RIVERA	Date 12/11/2023
Signature of Authorized Officer of the Corporation 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** THERAEX REHAB SERVICES, INC.  
**Entity No.:** 3113470  
**Registration Date:** 10/01/2009  
**Entity Type:** Stock Corporation - CA - General  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 08, 2023.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

**Certificate No.:** 164699534

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).