



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation

Application for Certificate of Authority

(Section 7-6-74 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

1. The name of the corporation is Massachusetts and Rhode Island Medical Group Management Association

1(a). The name, if different, which it elects to use in Rhode Island is:

Note: If 1(a) is completed, a "Fictitious Business Name Statement" is required to be filed with this application

SECTION II

It is incorporated under the laws of State: MA Country: US

SECTION III

The date of its incorporation is 1/1/2024

and the period of its duration is Perpetual Date certain for dissolution

SECTION IV

The address of its principal place of business is:

No. and Street: 104 INVERNESS TERRACE EAST

City or Town: ENGLEWOOD

State: CO Zip: 80112 Country: US

SECTION V

The address of its proposed registered office in Rhode Island is:

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON

State: RI Zip: 02806

Name: NORTHWEST REGISTERED AGENT LLC

SECTION VI

The specific purpose or purposes which it proposes to pursue in conducting its affairs in Rhode Island

are:

THE CORPORATION WILL WORK CONTINUALLY TO IMPROVE THE PERFORMANCE OF MEDICAL GROUP PRACTICE PROFESSIONALS AND THE ORGANIZATIONS THEY REPRESENT, INCLUDING BUT NOT LIMITED TO PROMOTING THE HIGHEST EDUCATIONAL STANDARDS AND PROFESSIONAL PROFICIENCY IN ALL FIELDS OF MEDICAL GROUP PRACTICE ADMINISTRATION FOR THE BENEFIT OF THE PROFESSION AND THE GENERAL PUBLIC.

ADDITIONALLY, THE CORPORATION WILL ASSIST AND ENGAGE IN ALL ACTIVITIES THAT PROMOTE THE COMMON BUSINESS INTERESTS OF THE MEMBERS, ARE PERMITTED TO BE CARRIED ON BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXATION UNDER CODE SECTION 501(C)(6), AND ARE CONSISTENT WITH THE NONPROFIT CORPORATION ACT OTHER APPLICABLE LAW.

SECTION VII

The names and respective addresses of its directors and officers are:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	RON HOLDER	104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112 US
DIRECTOR	AKASH MADIAH	104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112 US
DIRECTOR	ANDREW SWANSON	104 INVERNESS TERRACE EAST ENGLEWOOD, CO 80112 US

Signed this 8 Day of January, 2024 at 5:49:35 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 § 7-6.*

RON HOLDER

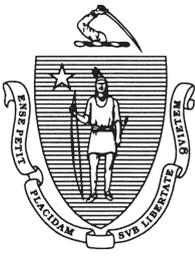
Signature of President or Vice President

ANDREW SWANSON

Signature of Secretary or Assistant Secretary

Form No. 250
Revised 09/07

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The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: January 05, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

**MASSACHUSETTS AND RHODE ISLAND MEDICAL GROUP
MANAGEMENT ASSOCIATION, CORPORATION**

is a domestic corporation organized on **January 01, 2024**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 24010048780

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: smc



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:

January 08, 2024 05:48 PM

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

Gregg M. Amore
Secretary of State

