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**State of Rhode Island
Department of State - Business Services Division****Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

REC'D
24 MAR 2024 PM 12:04:00
A...P

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Aledade Accountable Care 191, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: Delaware

3. The date of its organization is: 04/19/2022

And the period of its duration is: CHECK ONE BOX ONLY

☒ Perpetual (on-going)☐ Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name Capitol Corporate Services, Inc.

Street Address (NOT a P.O. Box) 222 Jefferson Blvd Ste 200

City/Town Warwick

State RHODE ISLAND

Zip Code 02888

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

value-based care and physician enablement services that provide expertise to help physicians and healthcare professionals earn through optimizing proactive patient care and improving care delivery

Check the box to indicate an attachment ☐**MAIL TO:**

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 29764

6. The RI 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.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:
108 Lakeland Ave., Dover, DE 19901

8. The mailing address for the limited liability company is:
4550 Montgomery Ave., #950N, Bethesda, MD 20814

9. Management of the Limited Liability Company: **CHECK ONLY ONE BOX**

☒ Members (Owners) DO NOT complete the chart below.	OR	☐ Managers (Individuals hired by the members with no ownership interest) Complete the chart below.	
		MANAGER NAME	ADDRESS

Check the box to indicate an attachment ☐

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

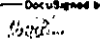
☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC Aledade Accountable Care 191, LLC	Date 02/09/2024
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Signature of Authorized Person

DocuSigned by


Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEDAD ACCOUNTABLE CARE 191, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALEDAD ACCOUNTABLE CARE 191, LLC" WAS FORMED ON THE NINETEENTH DAY OF APRIL, A.D. 2022.

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



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SR# 20240801570

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202916173

Date: 02-29-24



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:

March 06, 2024 12:04 PM

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

Gregg M. Amore
Secretary of State

