

**State of Rhode Island  
Department of State - Business Services Division**REC'D RIDOS BSD  
24 APR 8 PM 1:42:01  
SIP**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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:

AllOne Health EAP 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: PA

3. The date of its organization is: 06/29/2021

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 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

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

provide EAP services

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

FILED

STAMP

APR 8 2024

BY X4747

ARL

FORM 450 - Revised 12/2023

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:

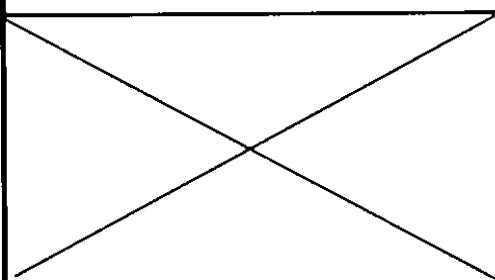
100 North Pennsylvania Avenue Wilkes-Barre, Pennsylvania, 18701

8. The mailing address for the limited liability company is:

100 North Pennsylvania Avenue Wilkes-Barre, Pennsylvania, 18701

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

Members (Owners) **OR** ☒ Manager(s). Complete the chart below.  
**DO NOT** complete the chart below.

	MANAGER(S) NAME	ADDRESS
	Keith Wasley	100 N Pennsylvania Ave Wilkes Barre PA 18701

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

100 North Pennsylvania Avenue Wilkes-Barre, Pennsylvania, 18701

Date

03/27/2024

Signature of Authorized Person

  
Keith Wasley (Mar 27 7:24 16 15 EDT)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

**Regarding:** AllOne Health EAP LLC  
**Request Type:** Subsistence Certificate  
**Request No.:** 033424936  
**Receipt No.:** 000985067  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** June 29, 2021  
**Status:** Active

**Issuance Date:** April 02, 2024  
**File No.:** 0007315530

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

AllOne Health EAP LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](https://www.file.dos.pa.gov)



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:

April 08, 2024 01:42 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

