



**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: My Catholic Doctor, P.L.L.C.

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:

My Catholic Doctor, L.L.C.

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:

ARTICLE IV

The date of its organization is: 3/28/2018

ARTICLE V

The period of its duration is: ☒ Perpetual ☐

ARTICLE VI

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

No. and Street: 47 WOOD AVE SUITE 2

City or Town: BARRINGTON

Name: NORTHWEST REGISTERED AGENT LLC

State: RI Zip: 02806

Article VII

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

MEDICAL PRACTICE

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: 373 S WILLOW ST, D1-1, #110

City or Town: MANCHESTER

State: NH Zip: 03103 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 1180 NEWFIELD AVE

City or Town: STAMFORD

State: CT Zip: 06905 Country: USA

ARTICLE XI

The limited liability company is to be managed by its X Members* or ___ Managers (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.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address 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 19 Day of April, 2024 at 2:29:27 PM by the Authorized Person.

KATHLEEN BERCHELMANN

Form No. 450
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved

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 MY CATHOLIC DOCTOR, P.L.L.C. is a New Hampshire Professional Limited Liability Company registered to transact business in New Hampshire on March 28, 2018. 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: **791219**

Certificate Number: **0006670774**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 17th day of April A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State