



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

Fee: \$310.00

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

**Foreign Corporation  
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the corporation is AlignMed Medical Group, PC

**SECTION II**

It is incorporated under the laws of State: PA Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application*

**SECTION IV**

The date of its incorporation is 5/31/2024

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 101 EAST STATE STREET

City or Town: KENNETT SQUARE

State: PA

Zip: 19348

Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD

SUITE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

**SECTION VII**

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

CONTRACTS WITH PHYSICIANS TO PROVIDE PROFESSIONAL AND RELATED MANAGEMENT SERVICES.

**SECTION VIII**

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	JOHN F. LOOME	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA
SECRETARY	MICHAEL BERG	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA
VICE PRESIDENT	ALEXANDER SHAINÉ	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA
DIRECTOR	JOHN F. LOOME	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA

(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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN F. LOOME	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA
SECRETARY	MICHAEL BERG	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA
VICE PRESIDENT	ALEXANDER SHAINÉ	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA
DIRECTOR	JOHN F. LOOME	101 EAST STATE STREET KENNETT SQUARE, PA 19348 USA

#### SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP			\$0.0100	100.00

**Signed this 1 Day of July, 2024 at 3:09:03 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 § 7-1.*

By MICHAEL BERG  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

**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

**Regarding:** AlignMed Medical Group, PC  
**Request Type:** Subsistence Certificate **Issuance Date:** June 05, 2024  
**Request No.:** 037058126 **File No.:** 0013863459  
**Receipt No.:** 001079310  
**Filing Type:** Domestic Business Corporation  
**Filing Subtype:** Professional  
**Initial Filing Date:** May 31, 2024  
**Status:** Active

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

I DO HEREBY CERTIFY THAT

AlignMed Medical Group, PC

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

A handwritten signature in cursive script, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

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

July 01, 2024 03:05 PM

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

Gregg M. Amore  
*Secretary of State*

