



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 Rhode Island Primary Care Physicians Corporation

SECTION II

It is incorporated under the laws of State: RI 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 7/10/2024

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 1150 NEW LONDON AVENUE, SUITE 20
City or Town: CRANSTON State: RI Zip: 02920 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:
TO ARRANGE FOR THE DELIVERY OF HIGH QUALITY HEALTH CARE SERVICES AND TO
ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH CORPORATIONS MAY BE INCORPORATED TO
DO BUSINESS UNDER THE LAWS OF THE STATE OF DELAWARE.

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	NOAH BENEDICT	1150 NEW LONDON AVENUE, SUITE 20 CRANSTON, RI 02920 USA
TREASURER	ERIC CHIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
SECRETARY	ERIC CHIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	SANJIT MAHANTI	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	LESLIE MARGOLIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	ERIC CHIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	HERBERT BRENNAN D.O.	1150 NEW LONDON AVENUE, SUITE 20 CRANSTON, RI 02920 USA
DIRECTOR	JEFFREY WILSON M.D.	1150 NEW LONDON AVENUE, SUITE 20 CRANSTON, RI 02920 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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NOAH BENEDICT	1150 NEW LONDON AVENUE, SUITE 20 CRANSTON, RI 02920 USA
TREASURER	ERIC CHIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
SECRETARY	ERIC CHIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	SANJIT MAHANTI	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	LESLIE MARGOLIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	ERIC CHIN	8605 SANTA MONICA BOULEVARD, PMB 17538 WEST HOLLYWOOD, CA 90069 USA
DIRECTOR	HERBERT BRENNAN D.O.	1150 NEW LONDON AVENUE, SUITE 20 CRANSTON, RI 02920 USA
DIRECTOR	JEFFREY WILSON M.D.	1150 NEW LONDON AVENUE, SUITE 20 CRANSTON, RI 02920 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>	
CNP			\$0.0000	7,000.00
CNP		A-1	\$0.0000	400.00
CNP		A-2	\$0.0000	600.00

Signed this 10 Day of July, 2024 at 1:58:51 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 NOAH BENEDICT

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RHODE ISLAND PRIMARY CARE PHYSICIANS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JULY, A.D. 2024.

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



4184959 8300

SR# 20243102740

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 in a small font.

Authentication: 203893767

Date: 07-10-24



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:

July 10, 2024 01:57 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

