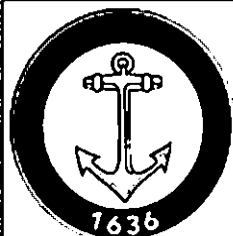


RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVState of Rhode Island  
Office of the Secretary of StateDivision Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Fee: \$310.00

FILED

SEP 11 2024

BY CONFIRM

1209432 10:57 AM

## 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 Foundations for Wellness, Inc.

## SECTION II

It is incorporated under the laws of State: MA 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 5/21/2024and the period of its duration is ☒ Perpetual ☐

## SECTION V

The location of its principal office is

No. and Street: 691 FALL RIVER AVENUECity or Town: SEEKONKState: MAZip: 02771Country: USA

## SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 931 JEFFERSON BOULEVARDSUITE 2004City or Town: WARWICKState: RIZip: 02886and the name of its proposed registered agent in Rhode Island at that address is EVERETT A. PETRONIO, JR., ESQ.

## SECTION VII

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

PSYCHIATRIC SERVICES AND ALL LAWFUL BUSINESS.

## 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

PRESIDENT	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
PRESIDENT	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
TREASURER	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
TREASURER	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
SECRETARY	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
SECRETARY	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
DIRECTOR	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
DIRECTOR	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
DIRECTOR	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
DIRECTOR	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 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	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
PRESIDENT	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
TREASURER	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
TREASURER	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
SECRETARY	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
SECRETARY	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
DIRECTOR	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
DIRECTOR	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 USA
DIRECTOR	EMILY DANIELL	8 LINDEN ROAD BARRINGTON, RI 02806 USA
DIRECTOR	VALERIE A. SENEY	13 42ND STREET BERKLEY, MA 02779 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>
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CNP		\$0.0000	1,000.00
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Signed this 10 Day of September, 2024 at 4:26:31 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 EMILY DANIELL, PRESIDENT  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

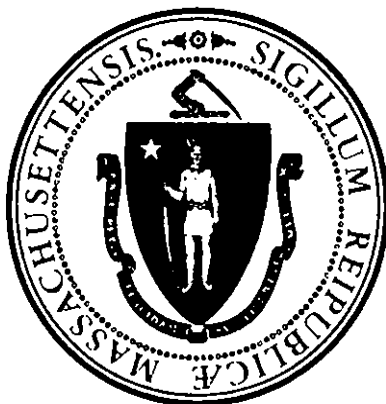
Date: September 04, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

**FOUNDATIONS FOR WELLNESS, INC.**

is a domestic corporation organized on **May 21, 2024** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 24090021660

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: mas



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:

September 11, 2024 10:57 AM

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

Gregg M. Amore  
*Secretary of State*

