

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

Application for Registration

(Sedion 140649 of the Censel Lave of Ricole Island, 1933, as amended)

ARTICLE I

The name of the limited liability company is: CoreVerity, LLC

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:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: DE 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.

3:51

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Later Effective Date: 10/15/2024

ARTICLE IV

- UC1 - 0'4 2024 -

The date of its organization is: 8/13/2024

BA 1919832

Contiem#

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

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

No. and Street:

222 JEFFERSON BLVD.

SUITE 200

City or Town:

WARWICK

State: RI

Zip: 02888

Name:

INCORP SERVICES, INC.

Article VII

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

DURABLE MEDICAL EQUIPMENT SUPPLIER

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:

1 PARROTT DRIVE

STE 400

City or Town:

SHELTON

State: CT

Zip: <u>06484</u>

Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street:

I PARROTT DRIVE

STE 400

City or Town:

SHELTON

State: CT

Zip: <u>06484</u>

Country: <u>USA</u>

ARTICLE XI

The limited liabilty company is to be managed by its <u>X</u> Members* or <u>____ Managers</u> (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	Address
	First, Middle, Last, Suffix	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.

MARC REYNOLDS	
Form No. 450	
Revised 09/07	
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT

COPIES OF ALL DOCUMENTS ON FILE OF "COREVERITY, LLC" AS RECEIVED

AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRTEENTH DAY OF AUGUST, A.D. 2024, AT 3:32 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "COREVERITY, LLC".

4677924 8100H SR# 20243532825 Authentication: 204335823

Date: 09-09-24