



State of Rhode Island  
 Department of State - Business Services Division

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**Application for Certificate of Conversion**

DOMESTIC Business Corporation, Non-Profit Corporation, Limited Partnership,  
 Limited Liability Partnership or Limited Liability Company

→ No Filing Fee

Pursuant to the applicable provisions of RIGL 7-1.2-1007, 7-6-48.1, 7-12.1-1143, 7-13.1-1143 and 7-16-5.1, the undersigned submits the following Certificate of Conversion:

1. Entity ID Number: <b>001771750</b>		2. The full name of the converting entity is: <b>Zen Home Healthcare</b>	
3. It is formed under the jurisdiction of: <b>Rhode Island</b>		4. The date of formation is: <b>03-29-2024</b>	
5. The jurisdiction to which the entity is converting: <b>RHODE ISLAND</b>			
6. The structure of the converting entity is: <b>CHECK ONE BOX ONLY</b>			
<input type="checkbox"/> Business Corporation		<input checked="" type="checkbox"/> Non-Profit Corporation	
<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Other Entity	
<input type="checkbox"/> Partnership (General, Limited, or Limited Liability Partnership)		<input type="checkbox"/> Sole Proprietorship	
7. The structure of the entity following conversion will be: <b>CHECK ONE BOX ONLY</b>			
<input type="checkbox"/> Business Corporation		<input type="checkbox"/> Limited Partnership / Limited Liability Limited Partnership	
<input type="checkbox"/> Non-Profit Corporation		<input type="checkbox"/> Limited Liability Partnership	
<input checked="" type="checkbox"/> Limited Liability Company			
8. The name of the entity following the conversion is: <b>Zen Home Healthcare, LLC</b>			
9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL <u>7-1.2-1007</u> , <u>7-6-48.1</u> , <u>7-12.1-1143</u> , <u>7-13.1-1143</u> and <u>7-16-5.1</u> .			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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10. This certificate of conversion is filed as an accompanying certificate to: **CHECK ONE BOX ONLY**

- Business Corporation Articles of Incorporation
- Non-Profit Corporation Articles of Incorporation
- Limited Liability Company Articles of Organization
- Statement of Limited Liability Partnership
- Certificate of Limited Partnership
- Statement of Limited Liability Limited Partnership

11. Date when this Certificate of Conversion will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
- Later effective date \_\_\_\_\_

*Under penalty of perjury, we declare and affirm that we have examined this Certificate of Conversion, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Converting Entity  
*Zen Home Healthcare, LLC*

Type or Print Name of Person Signing <i>CRISOLITA FIGUEIREDO</i>	Title of Person Signing <i>OWNER</i>
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Signature 	Date
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Type or Print Name of Person Signing	Title of Person of Signing
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Signature	Date
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