



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Conversion

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

→ No Filing Fee

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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: [REDACTED]		2. The full name of the converting entity is: Marrett Healthcare and Payments LLC	
3. It is formed under the jurisdiction of: Massachussetts		4. The date of formation is: 09/09/2015	
5. The jurisdiction to which the entity is converting: RHODE ISLAND			
6. The structure of the converting entity is: CHECK ONE BOX ONLY			
<input type="checkbox"/> Business Corporation		<input type="checkbox"/> Non-Profit Corporation	
<input checked="" 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: CHECK ONE BOX ONLY			
<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: Marrett Healthcare and Payments LLC			
9. This certificate of conversion and accompanying certificate of formation have been approved by the converting entity in the manner provided for in RIGL 7-1.2-1007, 7-6-48.1, 7-12.1-1143, 7-13.1-1143 and 7-16-5.1.			


RI DOS MADE NON-SUBSTANTIVE EDITS

MAIL TO:

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

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10. This certificate of conversion is filed as an accompanying certificate to: CHECK ONE BOX ONLY		
<input type="checkbox"/> Business Corporation Articles of Incorporation <input type="checkbox"/> Non-Profit Corporation Articles of Incorporation <input checked="" type="checkbox"/> Limited Liability Company Articles of Organization <input type="checkbox"/> Statement of Limited Liability Partnership <input type="checkbox"/> Certificate of Limited Partnership <input type="checkbox"/> Statement of Limited Liability Limited Partnership		
11. Date when this Certificate of Conversion will be effective: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date _____		
<i>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.</i>		
Type or Print Name of Converting Entity Marrett Healthcare and Payments LLC		
Type or Print Name of Person Signing Henri R. Cattier		Title of Person Signing Owner
Signature 		Date 11/12/2024
Type or Print Name of Person Signing		Title of Person of Signing
Signature		Date



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:

November 14, 2024 10:59 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

