



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 PREFERRED ADULT FOSTER CARE, 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 5/10/2013

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 47 WOOD AVE SUITE 2
City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2
City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

SECTION VII

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

HEMOCARE SERVICES, NON-MEDICAL

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	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US
TREASURER	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US

SECRETARY	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US
VICE PRESIDENT	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US
DIRECTOR	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US

(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	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US
TREASURER	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US
SECRETARY	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US
VICE PRESIDENT	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US
DIRECTOR	LENNART VAN DER SMISSEN	47 WOOD AVE SUITE 2 BARRINGTON, RI 02806 US

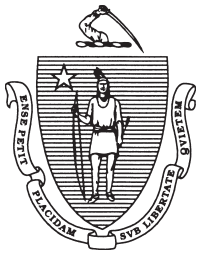
SECTION IX

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	999.00

Signed this 10 Day of December, 2024 at 3:47:13 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 LENNART VAN DER SMISSEN
Signature of Authorized Officer of the Corporation



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

William Francis Galvin
Secretary of the
Commonwealth

Date: November 29, 2024

To Whom It May Concern :

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

PREFERRED ADULT FOSTER CARE, INC

is a domestic corporation organized on **May 10, 2013** , 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: 24110559450

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

Processed by: hng



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:

December 10, 2024 03:44 PM

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

Gregg M. Amore
Secretary of State

