



State of Rhode Island  
Department of State - Business Services Division

# Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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SECRETARY OF STATE  
REGISTRATION DIVISION  
2024 DEC 19 PM 2:33

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|  |              |          |
|--|--------------|----------|
| 1. The name of the corporation is:   |              |          |
| Heathassist Corp.  |              |          |
| 2. It is incorporated under the laws of:   |              |          |
| State of Massachusetts   |              |          |
| 3. The name, if different, which it elects to use in Rhode Island is:  |              |          |
| (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: |              |          |
| (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:                                 |              |          |
| 4. The date of its Incorporation is:   |              |          |
| 10/4/2004  |              |          |
| And the period of its duration is: CHECK ONE BOX ONLY  |              |          |
| <input checked="" type="checkbox"/> Perpetual (on-going)   |              |          |
| <input type="checkbox"/> Date certain for dissolution _____  |              |          |
| 5. The address of its principal office is:   |              |          |
| PO Box 122 Manchester-by-the-Sea, MA 01944   |              |          |
| 6. The name and address of the initial registered agent/office in Rhode Island:  |              |          |
| Agent Name   |              |          |
| Dianne Savastano   |              |          |
| Street Address (NOT a P.O. Box)  |              |          |
| 34 Chaskellux Ave  |              |          |
| City/Town  | State        | Zip Code |
| Newport  | RHODE ISLAND | 02840    |

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

Consulting / Advisory Services

8. (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):

| NAME | ADDRESS |
|------|---------|
|      |         |
|      |         |
|      |         |
|      |         |

8. (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):

Check the box to indicate an attachment ☐

| OFFICE         | NAME             | ADDRESS                             |
|----------------|------------------|-------------------------------------|
| PRESIDENT      | Dianne Savastano | 34 Chastellux Ave Newport, RI 02840 |
| VICE PRESIDENT |                  |                                     |
| TREASURER      |                  |                                     |
| SECRETARY      |                  |                                     |

9. 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:

Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS  | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|--------|--------|---------------------------------|
| 275,000          | Common |        | no par value                    |
|                  |        |        |                                 |
|                  |        |        |                                 |
|                  |        |        |                                 |

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

\_\_\_\_\_ %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

\_\_\_\_\_ %

|   |            |
|---|------------|
| 12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.                                    |            |
| 13. Date when the Certificate of Authority will be effective: <b>CHECK ONE BOX ONLY</b>   |            |
| <input checked="checked" type="checkbox"/> Date received (Upon filing)  |            |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing)   |            |
| 14. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct. |            |
| Type or Print Name of Authorized Officer  | Date       |
| DIANNE M. SEVASTANO   | 12/19/2024 |
| Signature of Authorized Officer of the Corporation  |            |
| Dianne M. Sevastano   |            |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



William Francis Galvin  
Secretary of the  
Commonwealth

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

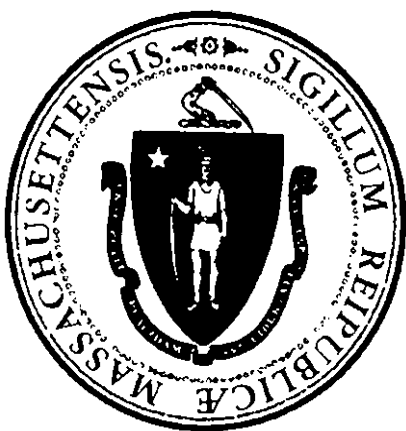
Date: November 07, 2024

To Whom It May Concern :

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

**HEALTHASSIST CORP.**

is a domestic corporation organized on **October 04, 2004** , 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: 24110146760

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

Processed by: tad



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 19, 2024 02:33 PM

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

Gregg M. Amore  
*Secretary of State*

