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State of Rhode Island Department of State - Business Services Division

_		*•		
Certificate of Authority FOREIGN Non-Profit Corporation	• •	2025	J#1 23	£1 8: 10
→ Filing Fee: \$50.00 -	•	.	•	
Pursuant to the provisions of RIGL <u>7-6-74</u> , the unders applies for a Certificate of Authority to conduct affairs purpose submits the following statement:				
1. The name of the corporation is:				
Project Health CV Inc.			-	
1a. The name, if different, which it elects to use in R	hode Island is:		_	-
*If the corporate name is not available in Rhode Isla corporation will qualify and transact business in Rho filed with this application.				
2. It is incorporated under the laws of: Massac	chusetts Gene	ral Laws	.*	1
3. The date of its incorporation is: October (08, 2014			
And the period of its duration is: CHECK ONLY ON	E BOX			<u>-</u>
Perpetual (on-going)		- 4	- •	_
Date certain for dissolution	• -		·	- i
4. The address of its principal place of business is: 9 Gregory Street Marblehead, MA 01945				
5. The name and address of the initial registered age	ent/office in Rhod	e Island is:		
Agent Name Emestina DaMoura-Moreira				
Street Address (NOT a P.O. Box) 1137 Smith St	reet '			1
City/Town Providence	- State RH	ODE ISLAND .	Zip Code	02908

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Webelte: www.sos.n.gov FILED 8:10Am JAN 23 2025 BY <u>CONFIRM</u> 12335

	se or purposes which It proposes to pursue in t	he conducting its affairs in Rhode Island:		
The Purpo	se of PHCV Inc is to improve lives by ir	ntroducing world class medical care and education, ervices to those in need and give communities ation. We may seek to collaborate with other		
, 400000 10 5	,	Check the box to indicate an attachment		
7 The name	s and respective addresses of its directors and	officers are:		
OFFICE	NAME	ADDRESS		
Director	Emestina DaMoura-Moreira	1137 Smith Street Providence, RI 02908		
Director —	Elizabeth Moreira	74 Lorraine Street Pawtucket RI 02861		
Director _	Joao M. Tavares	89 Lewis Bay Road Unit 313 Hyannis MA 02601		
President	Michael Keamey	9 Gregory Street Marblehead, MA 01945		
Vice President	Roger Lefevre	330Brookline Ave Boston MA 02215		
Treasurer	Ghislain Joseph	.,193 California Ave Providence, RI 02905		
Secretary	Josephine Duarte	890 York Ave Pawtucket, RI 02861		
		Check the box to Indicate an attachment		
8. 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.				
Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of ☑ President OR ☐ Vice President Date				
Michael Ke	arney.	1-22-25		
Signature of President OR Vice President				
14/		thing's Euglis Union		
Type of Print-Name of ☐ Secretary OR ☑ Assistant Secretary				
Ernestina DaMoura-Moreira 1-22-25				
Signature of Secretary OR Assistant Secretary: "HH				

TWO SIGNATURES ARE REQUIRED



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

Date: January 17, 2025

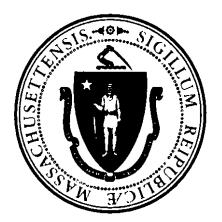
To Whom It May Concern:

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

PROJECT HEALTH CV INC.

is a domestic corporation organized on October 08, 2014

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; 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.

Secretary of the Commonwealth

Villian Travin Galein

Certificate Number: 25010349420

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

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