RI SOS Filing Number: 202567243180 Date: 3/17/2025 1:07:00 PM



# State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Fee: \$310.00 FILED 1:07pm

MAR 17 2025 BY 1267214 CONFIRM #

**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 **ENVITAL**, P.C.

**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 II**

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:

#### OCEAN STATE LONGEVITY

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 3/11/2025

and the period of its duration is X Perpetual

**SECTION V** 

The location of its principal office is

No. and Street:

900 CUMMINGS CENTER

**SUITE 117T** 

City or Town:

**BEVERLY** 

State: <u>M A</u> Zip: <u>01915</u>

Country: <u>USA</u>

**SECTION VI** 

The address of its proposed registered office in Rhode Island is

No. and Street:

**87 KENT DRIVE** 

City or Town:

E. GREENWICH

State: RI

Zip: <u>02818</u>

and the name of its proposed registered agent in Rhode Island at that address is LAUREN SLATER

**SECTION VII** 

The nurnose or nurnoses which it proposes to nursue in the transaction of husiness in Rhode Island are:

## **MEDICAL SERVICES**

#### **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<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country 900 CUMMINGS CENTER, SUITE 117T BEVERLY, MA 01915 USA 900 CUMMINGS CENTER, SUITE 117T BEVERLY, MA 01915 USA 900 CUMMINGS CENTER, SUITE 117T BEVERLY, MA 01915 USA |  |
|-----------|--|---|--|
| PRESIDENT | MICHAEL J. ZACHAREAS                           |   |  |
| PRESIDENT | MICHAEL J. ZACHAREAS                           |   |  |
| TREASURER | MICHAEL J. ZACHAREAS                           |   |  |
| TREASURER | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA  |  |
| SECRETARY | MICHAEL J ZACHAREAS                            | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA  |  |
| SECRETARY | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA  |  |
| DIRECTOR  | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA  |  |
| DIRECTOR  | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA  |  |

(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<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country  |  |  |
|-----------|--|--|--|--|
| PRESIDENT | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |
| PRESIDENT | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |
| TREASURER | MICHAEL J ZACHAREAS                            | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |
| TREASURER | MICHAEL J ZACHAREAS                            | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |
| SECRETARY | MICHAEL J ZACHAREAS                            | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |
| SECRETARY | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |
| DIRECTOR  | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |
| DIRECTOR  | MICHAEL J. ZACHAREAS                           | 900 CUMMINGS CENTER, SUITE 117T<br>BEVERLY, MA 01915 USA |  |  |

#### **SECTION IX**

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares

| Class of Stock | Series of | Par Value Per<br>Share | Total Authorized Shares Num of Shares |            |
|----------------|-----------|------------------------|---------------------------------------|------------|
| CNP            |           |                        | \$0.0000                              | 275,000.00 |

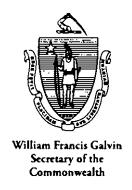
Signed this 17 Day of March, 2025 at 1:07:58 PM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or 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 /MICHAEL J. ZACHAREAS/

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved



# The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

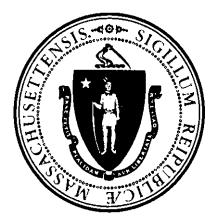
Date: March 12, 2025

To Whom It May Concern:

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

**ENVITAL, P.C.** 

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.

Secretary of the Commonwealth

Certificate Number: 25030200350

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

Processed by: Kma

RI SOS Filing Number: 202567243180 Date: 3/17/2025 1:07:00 PM



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:

March 17, 2025 01:07 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

