

# 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 <u>HealthNET Systems Consulting, Inc.</u>

#### **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 04/03/2025

#### **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 8/8/1990

and the period of its duration is X Perpetual

**SECTION V** 

The location of its principal office is

No. and Street: 2 BURLINGTON WOODS DRIVE

SUITE 100 PMB#112

**BURLINGTON** State: MA Zip: 01803 Country: USA City or Town:

#### **SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD., SUITE 200

**WARWICK** Zip: <u>02888</u> City or Town: State: RI

and the name of its proposed registered agent in Rhode Island at that address is  $\underline{URS}$   $\underline{AGENTS}$ ,  $\underline{LLC}$ 

#### **SECTION VII**

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

OFFEDING INFORMATION SYSTEMS/TECHNOLOGY DEOFESSIONAL ADVISORY CONSULTING

# SERVICES TO HEALTHCARE PROVIDER ORGANIZATIONS.

#### **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	MARY ANN KEANE	C/O 2 BURLINGTON WOODS DRIVE, SUITE 100 PMB #112 BURLINGTON, MA 01803 USA
SECRETARY	L SUSAN CONWAY	C/O 2 BURLINGTON WOODS DRIVE, SUITE #100 PMB #112 BURLINGTON, MA 01803 USA
CEO	CLIFTON JAY	C/O 2 BURLINGTON WOODS DRIVE, SITE 100 PMB #112 BURLINGTON, MA 01803 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	<b>Individual Name</b> First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY ANN KEANE  C/O 2 BURLINGTON WOODS DRIVE, SUITE 100 PMB #112  BURLINGTON, MA 01803 USA	
SECRETARY	L SUSAN CONWAY	C/O 2 BURLINGTON WOODS DRIVE, SUITE #100 PMB #112 BURLINGTON, MA 01803 USA
CEO	CLIFTON JAY	C/O 2 BURLINGTON WOODS DRIVE, SITE 100 PMB #112 BURLINGTON, MA 01803 USA

### **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:

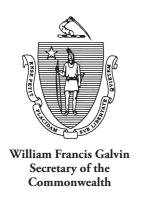
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares  Num of Shares	
CNP			\$0.0000	275,000.00

**Signed this 3 Day of April, 2025 at 12:14:02 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 MARY ANN KEANE

Signature of Authorized Officer of the Corporation

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

Date: April 02, 2025

To Whom It May Concern:

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

# HEALTHNET SYSTEMS CONSULTING, INC.

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

William Travin Galelin

Certificate Number: 25040049970

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

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