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State of Rhode Island Office of the Secretary of State

FILED

Fee: \$310.04

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

MAY 07 2025 LKS online billing BY 1312018 10:51911

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 ENTYRE CARE MASSACHUSETTS 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 X Perpetual

SECTION V

The location of its principal office is

No. and Street:

196 ALLSTON AVE

City or Town:

HAMPTON

State: NH

Zip: <u>03842</u>

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street:

222 JEFFERSON BLVD., SUITE 200

City or Town:

WARWICK

State. RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is <u>LEGALINC CORPORATE SERVICES INC.</u>

SECTION VII

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

ADULT FOSTER CARE

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	218 SHOVE STREET FALL RIVER, MA 02724 USA
TREASURER	BRIAN AFSHARTOUS	711 ATLANTIC AVENUE 6TH FLOOR BOSTON, MA 02111 USA

SECRETARY	LENNART VAN DER SMISSEN	218 SHOVE STREET	
	<u> </u>	FALL RIVER, MA 02724 USA	
DIRECTOR	BRIAN AFSHARTOUS	711 ATLANTIC AVENUE 6TH FLOOR BOSTON, MA 02111 USA	
		BOSTON, MA 02111 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 First, Middle, Lest, Suffix	Address Address, City or Town, State, Zip Code, Country 218 SHOVE STREET FALL RIVER, MA 02724 USA 711 ATLANTIC AVENUE 6TH FLOOR BOSTON, MA 02111 USA	
PRESIDENT	LENNART VAN OER SMISSEN		
TREASURER	BRIAN AFSHARTOUS		
SECRETARY	LENNART VAN DER SMISSEN	218 SHOVE STREET FALL RIVER, MA 02724 USA	
DIRECTOR	BRIAN AFSHARTOUS	711 ATLANTIC AVENUE 6TH FLOOR BOSTON, MA 02111 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	999.00

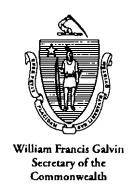
Signed this 7 Day of May, 2025 at 10:51:14 AM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the 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

Form No. 150 Revised 09/07

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The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

Date: April 30, 2025

To Whom It May Concern:

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

ENTYRE CARE MASSACHUSETTS 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 Tranin Gallein

Certificate Number: 25040244210

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

Processed by: bod

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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:

May 07, 2025 10:51 AM

Gregg M. Amore Secretary of State

Treg M. Coure

