RI SOS Filing Number: 202573815090 Date: 5/30/2025 1:39:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$150.00

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

Foreign Limited Liability Company Application for Registration

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Singer Mental Health, LLC

Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.

ARTICLE II

The name, if different, under which it proposes to register and transact business in Rhode Island is:

ARTICLE III

The Limited Liability Company is organized under the laws of: State: TN Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 05/30/2025

ARTICLE IV

The date of its organization is: $\frac{5/7/2022}{}$

ARTICLE V

The period of its duration is: X Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: <u>214 BRIDLE WAY</u>

City or Town: $\underline{\text{TIVERTON}}$ State: RI Zip: $\underline{02878}$

Name: <u>STEPHANIE BARBOZA</u>

Article VII

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

PRIVATE PRACTICE FOR CLINICAL MENTAL HEALTH COUNSELING AND PSYCHOTHERAPY

ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 214 BRIDLE WAY

City or Town: <u>TIVERTON</u> State: <u>RI</u> Zip: <u>02878</u> Country: <u>USA</u>

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 214 BRIDLE WAY

City or Town: <u>TIVERTON</u> State: <u>RI</u> Zip: <u>02878</u> Country: <u>USA</u>

ARTICLE XI

The limited liabilty company is to be managed by its X Members* or __ Managers (check one)

* If you checked to be managed by your MEMBERS (*the owners*) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.

The name and address of each manager:

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 30 Day of May, 2025 at 1:42:35 PM by the Authorized Person.

STEPHANIE BARBOZA

Form No. 450 Revised 09/07	
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Division of Business and Charitable Organizations Department of State

State of Tennessee 312 Rosa L. Parks Avenue, 6th Floor Nashville. Tennessee 37243 Phone: 615-741-2286

sos.tn.gov/

STEPHANIE MICHELLE SINGER BARBOZA 2828 OLD HICKORY BLVD NASHVILLE, TN 37221, USA

05/26/2025

Issuance Date: 05/26/2025

Request Type: Certificate of Existence/Authorization

Reguest #: C2025037593

Document Receipt

Order Number: C2025037593 Verification #: 5A00197D

Receipt #: 2025-377818 Filing Fee: \$20.00 Payment: Credit Card - 3899130686 \$20.00

Entity Name: SINGER MENTAL HEALTH, LLC

SOS Control #: 001312697 Initial Filing Date: 05/07/2022

Limited Liability Company (LLC) Formation Locale: **TENNESSEE Entity Type:** Status: Active **Duration Term:** Perpetual Fiscal Year Close: December Annual Report Due: 04/01/2026

Business County: DAVIDSON

Managed By: **Director Managed**

Obligated Member Entity: No

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SINGER MENTAL HEALTH, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett Secretary of State

Verification #: 5A00197D

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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 30, 2025 01:39 PM

Gregg M. Amore Secretary of State

Treg M. Coure

