



**State of Rhode Island
Department of State - Business Services Division**

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Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Goodpath Medical, P.C.		
2. It is incorporated under the laws of: California		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 12/13/2022 And the period of its duration is: CHECK ONE BOX ONLY ☒ Perpetual (on-going) ☐ Date certain for dissolution _____		
5. The address of its principal office is: 2180 Vista Way, Unit B, Oceanside, CA 92054		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Cogency Global Inc. Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 05 2025
BY *[Signature]*
ST *[Signature]*

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

Practice of Medicine

8. (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):

NAME	ADDRESS
Saba Haq, M.D.	2180 Vista Way, Unit B, Oceanside, CA 92054

Check the box to indicate an attachment ☐

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT	Saba Haq, M.D.	2180 Vista Way, Unit B, Oceanside, CA 92054
VICE PRESIDENT	N/A	
TREASURER	Saba Haq, M.D.	2180 Vista Way, Unit B, Oceanside, CA 92054
SECRETARY	Saba Haq, M.D.	2180 Vista Way, Unit B, Oceanside, CA 92054

Check the box to indicate an attachment ☐

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common	N/A	No par value

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

3 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Saba Haq, M.D.

Date

06/01/2025

Signature of Authorized Officer of the Corporation

Saba Haq, MD

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Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: Goodpath Medical, P.C.
Entity No.: 5369600
Registration Date: 12/13/2022
Entity Type: Stock Corporation - CA - Professional
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 04, 2025.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 334784236

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.