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: Helping Hands Senior Living 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: IN Country: US

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.

12:44 AM FILED ICM

JUL 15 2025

Later Effective Date: 07/15/2025

ARTICLE IV

BY 1332041 confirm #

The date of its organization is: 5/2/2021

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: 539 DEXTER ST
APT B
City or Town: PROVIDENCE RHODE ISLAND State: RI Zip: 02907
Name: LOUISE TAYLOR

Article VII

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

TO OPERATE A NON-MEDICAL HOME CARE AGENCY PROVIDING PERSONAL CARE,
HOMEMAKER,AND COMPANIONSHIP SERVICES TO ELDERLY, AND DISABLED INDIVIDUALS IN
RHODE ISLAND IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS.

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: 8502 BROOKVILLE RD
SUITE 7
City or Town: INIANAPOLIS State: IN Zip: 56239 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 34 WILSON
APT B
City or Town: PROVIDENCE RHODE ISLAND State: RI Zip: 02907 Country: USA

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 First, Middle, Last, Suffix	Address 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 15 Day of July, 2025 at 12:44:03 AM by the Authorized Person.

DADEH YARMENTO

Form No. 450
Revised 09/07

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State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HELPING HANDS SENIOR LIVING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 02, 2021, and was in existence or authorized to transact business in the State of Indiana on July 02, 2025.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 02, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202105021486502 / 20254499624
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on August 01, 2025.