



State of Rhode Island
Department of State - Business Services Division

Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

REC'D RIDOS BSD
 25 AUG 4 PM 12:23:06
 AMP
 FOR
 STATE
 USE ONLY

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
GingerCare Holding, Inc.		
1a. The name, if different, which it elects to use in Rhode Island is:		
*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.		
2. It is incorporated under the laws of:		
Delaware		
3. The date of its incorporation is:		
5/29/25		
And the period of its duration is: CHECK ONLY ONE BOX		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The address of its principal place of business is:		
589 Highland Avenue, Needham, MA 02494		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name		
Cogency Global Inc.		
Street Address (<u>NOT</u> a P.O. Box)		
222 Jefferson Boulevard		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	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

AUG X 4 2025
 STAMP
 BY 27696
 1223
 P

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Improving the lives of elderly individuals by providing housing to seniors and related services and support.

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director		
Director		
Director		
President		
Vice President		
Treasurer		
Secretary		

Check the box to indicate an attachment ☒

8. 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.

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

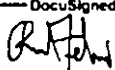
Type or Print Name of ☒ President OR ☐ Vice President

Richard Feldman

Date

7/29/2025

Signature of President OR Vice President

DocuSigned by:

 67402A363956444D

Type of Print Name of ☒ Secretary OR ☐ Assistant Secretary

James Friedman

Date

8/1/2025

Signature of Secretary OR Assistant Secretary


 6672CF585290441E

TWO SIGNATURES ARE REQUIRED

GINGERCARE HOLDING, INC.
Certificate of Authority

ATTACHMENT

7. Directors & Officers

<u>Name & Address</u>	<u>Title</u>
Richard Feldman 589 Highland Avenue Needham, MA 02494	President/Director
Joel Kirchick 589 Highland Avenue Needham, MA 02494	Vice Chair/Director
Kathleen Campbell 589 Highland Avenue Needham, MA 02494	Vice Chair/Director
John Fisher 589 Highland Avenue Needham, MA 02494	Treasurer/Director
James Friedman 589 Highland Avenue Needham, MA 02494	Secretary/Director

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GINGERCARE HOLDING, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF AUGUST, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GINGERCARE HOLDING, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2025.



10210845 8300C

SR# 20253550113

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. B. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204366853

Date: 08-01-25



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

August 04, 2025 12:23 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore
Secretary of State

