State of Rhode Island
Office of the Secretary of State

Fee: $310.00

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

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 New Jersey Birdie Health PC

SECTION II

It is incorporated under the laws of State: NJ 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 08/12/2025

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 9/18/2018

and the period of its duration is X Perpetual __

SECTION V

The location of its principal office is

No. and Street: 2107 GOLDFINCH BOULEVARD
City or Town: PRINCETON State: NJ Zip: 08540 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 700 NARRAGANSETT PARK DRIVE
STE 100
City or Town: PAWTUCKET State: RI Zip: 02861

and the name of its proposed registered agent in Rhode Island at that address is NORTHWEST REGISTERED AGENT LLC

SECTION VII

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

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	STELLA GANDHI	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA

PRESIDENT	STELLA GANDHI	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
SECRETARY	ADRIENNE STEVENSON	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
VICE PRESIDENT	ANA LISA CARR	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
VICE PRESIDENT	ANA LISA CARR	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
SECRETARY, TREASURER	ADRIENNE STEVENSON	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 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, Last, Suffix	**Address** Address, City or Town, State, Zip Code, Country
PRESIDENT	STELLA GANDHI	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
PRESIDENT	STELLA GANDHI	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
SECRETARY	ADRIENNE STEVENSON	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
VICE PRESIDENT	ANA LISA CARR	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
VICE PRESIDENT	ANA LISA CARR	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 USA
SECRETARY, TREASURER	ADRIENNE STEVENSON	2107 GOLDFINCH BOULEVARD PRINCETON, NJ 08540 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*	
CWP		COMMO	$1.0000	100.00

Signed this 12 Day of August, 2025 at 12:11:43 PM 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 SAMANTHA NAGY-CHOW
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

NEW JERSEY BIRDIE HEALTH PC
0450306585

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on September 18, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NORTHWEST REGISTERED AGENT LLC
971 US HIGHWAY 202N
STE N
BRANCHBURG, NJ 08876

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of August, 2025

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6167349918

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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 12, 2025 12:10 PM

Gregg M. Amore
Secretary of State