



**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 GRANGER MEDICAL INC**SECTION II**It is incorporated under the laws of State: MA 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

**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 1/1/2010and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 230 GRANBY ROADCity or Town: BELCHERTOWNState: MAZip: 01007Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DRSTE 100City or Town: PAWTUCKETState: RIZip: 02861and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC**SECTION VII**

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

MEDICAL EQUIPMENT SERVICES

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	KENNETH W GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
TREASURER	STEPHANIE N GRANGER	240 CARVER STREET GRANBY, MA 01033 USA
SECRETARY	KAYLIE E GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
DIRECTOR	BRENDA K GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
PRESIDENT	KENNETH W GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
SECRETARY	STEPHANIE N GRANGER	240 CARVER STREET GRANBY, MA 01033 USA
SECRETARY	KAYLIE E GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
DIRECTOR	BRENDA K GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 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	KENNETH W GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
TREASURER	STEPHANIE N GRANGER	240 CARVER STREET GRANBY, MA 01033 USA
SECRETARY	KAYLIE E GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
DIRECTOR	BRENDA K GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
PRESIDENT	KENNETH W GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
SECRETARY	STEPHANIE N GRANGER	240 CARVER STREET GRANBY, MA 01033 USA
SECRETARY	KAYLIE E GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 USA
DIRECTOR	BRENDA K GRANGER	230 GRANBY ROAD BELCHERTOWN, MA 01007 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 <i>Num of Shares</i>
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CNP	COMMO	\$0.0000	15,000.00
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**Signed this 18 Day of September, 2025 at 1:16:12 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 KENNETH W GRANGER  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

September 17, 2025

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

**GRANGER MEDICAL, INC.**

is a domestic corporation organized on **January 1, 2010**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Processed by: AG

QC by: JD



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:

September 18, 2025 01:12 PM

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

Gregg M. Amore  
*Secretary of State*

