



**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: HARMONY ADULT FOSTER CARE 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: MA 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.

Later Effective Date: 01/08/2026

ARTICLE IV

The date of its organization is: 2/18/2025

ARTICLE V

The period of its duration is: Perpetual

ARTICLE VI

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET

State: RI Zip: 02861

Name: RHODE ISLAND REGISTERED AGENT LLC

Article VII

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

THE PURPOSE FOR WHICH HARMONY ADULT FOSTER CARE LLC (HAFC LLC) IS ORGANIZED IS TO PROVIDE HOME- AND COMMUNITY-BASED SUPPORTIVE SERVICES IN THE STATE OF RHODE ISLAND, INCLUDING BUT NOT LIMITED TO PARTICIPATION AS A RITE@HOME AND SHARED LIVING PROVIDER AGENCY.

THE COMPANY SHALL ARRANGE, COORDINATE, AND OVERSEE SHARED LIVING AND ADULT FOSTER-STYLE SERVICES FOR ELIGIBLE ADULTS, INCLUDING INDIVIDUALS WITH DISABILITIES, CHRONIC MEDICAL CONDITIONS, BEHAVIORAL HEALTH NEEDS, OR FUNCTIONAL LIMITATIONS, IN ACCORDANCE WITH APPLICABLE RHODE ISLAND EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES (EOHHS) REGULATIONS, MEDICAID WAIVER REQUIREMENTS, AND OTHER GOVERNING LAWS.

SERVICES MAY INCLUDE CAREGIVER RECRUITMENT AND OVERSIGHT, CARE COORDINATION, HEALTH AND SAFETY MONITORING, ACTIVITIES OF DAILY LIVING SUPPORT, COMMUNITY INTEGRATION, AND RELATED SUPPORTIVE SERVICES DESIGNED TO PROMOTE INDEPENDENT LIVING, DIGNITY, SAFETY, AND QUALITY OF LIFE IN FAMILY-BASED OR SHARED RESIDENTIAL SETTINGS.

THE COMPANY MAY ALSO ENGAGE IN ANY OTHER LAWFUL ACTIVITIES PERMITTED UNDER THE RHODE ISLAND LIMITED LIABILITY COMPANY ACT THAT ARE NECESSARY OR INCIDENTAL TO CARRYING OUT THE FOREGOING PURPOSES.

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: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET

State: RI Zip: 02861 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET

State: RI Zip: 02861 Country: USA

ARTICLE XI

The limited liability company is to be managed by its Members* or X 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
MANAGER	DAVID OKIRO	26 BLISS ST. REHOBOTH, MA 02769 USA

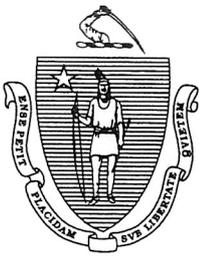
This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 8 Day of January, 2026 at 3:38:18 PM by the Authorized Person.

DAVID OKIRO

Form No. 450
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

December 30, 2025

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

HARMONY ADULT FOSTER CARE LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **February 18, 2025**.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **DAVID OKIRO**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DAVID OKIRO**

I also certify that the names of all persons authorized to act with respect to real property listed in the most recent filing are: **DAVID OKIRO**



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: LT

QC by: HLN



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:

January 08, 2026 03:38 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

