

F2000009 04170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

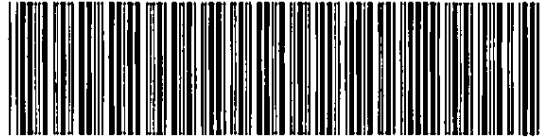
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 SEP 4 AM 8:09

SBF  
9/15/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Riverside Community Care, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Claire Kirby  
Name of Person

Labyrinth, Inc.  
Firm/Company

1959 Palomar Oaks Way, Suite 300  
Address

Carlsbad, CA 92011  
City/State and Zip Code

claire@labyrinthinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claire Kirby at ( 760 ) 931-2620 ext. 224  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

2020 SEP 14 AM 8:13

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Riverside Community Care, Inc.  
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 04-3097170  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/1/1990 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 270 Bridge Street, Suite 301, Dedham, MA 02026  
(Principal office street address)

Same as street address

(Current mailing address, if different)

Riverside Community Care, Inc. was organized to offer screening and other similar programs and services to increase awareness of and advance the prevention and treatment of behavioral health conditions; to participate in activities designed to promote the general health and social needs of individuals, families and the communities; to advocate on behalf of persons with behavioral

8. healthcare needs; to participate in education and research relating to care, screening, prevention and treatment; and to work in  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

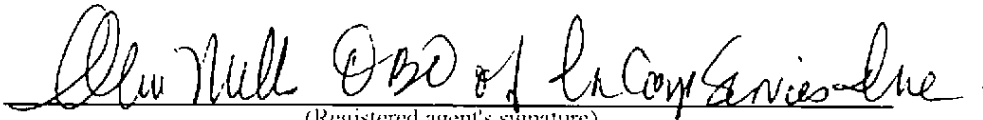
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS

☐ Chairman Name: Scott M. Bock  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 270 Bridge Street, Suite 301  
☒ President Dedham, MA 02026  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Melissa Kogut  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 270 Bridge Street, Suite 301  
☐ President Dedham, MA 02026  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Joseph Wadlinger  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 270 Bridge Street, Suite 301  
☐ President Dedham, MA 02026  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mark Whalen  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 270 Bridge Street, Suite 301  
☐ President Dedham, MA 02026  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☒ Chairman Name: Michael J. McHugh  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 270 Bridge Street, Suite 301  
☐ President Dedham, MA 02026  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Patrick Chilcott  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 270 Bridge Street, Suite 301  
☐ President Dedham, MA 02026  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: CFO ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Patrick Chilcott  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Patrick Chilcott, CFO  
 (Typed or printed name and capacity of person signing application)



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: August 28, 2020

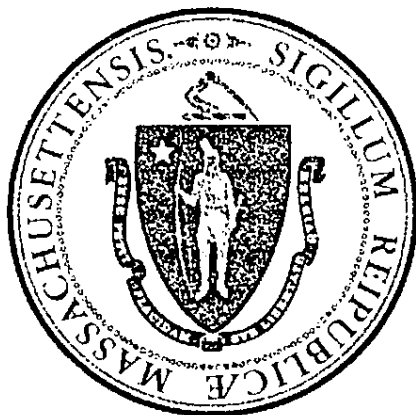
To Whom It May Concern :

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

**RIVERSIDE COMMUNITY CARE, INC.**

is a domestic corporation organized on **November 01, 1990**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; 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

Certificate Number: 20080578710

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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