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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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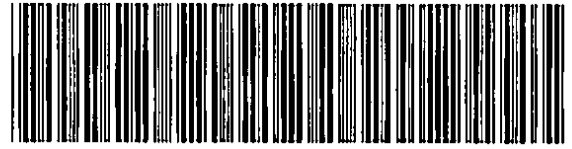
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2021 NOV 22 PM 7:49

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S. FRANKLIN

DEC - 1 2021

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

1800 Thibodo Road, Suite 310
Address

Vista, CA 92081
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) 305-5000 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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2021 NOV 22 PM 7:49
TALLAHASSEE, FL

**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)

8. 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 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)

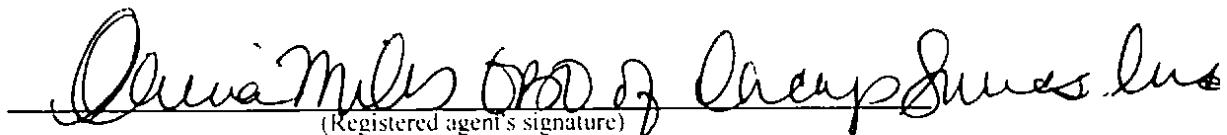
Name: InCorp Services, Inc.

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.

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SECRET

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: Marsha Medalie
☐ 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: _____

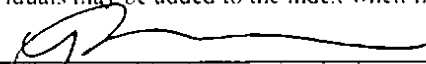
☒ Chairman Name: Joseph Wadlinger
☐ Vice Chairman Address: _____
☐ Director 270 Bridge Street, Suite 301
☐ President Dedham, MA 02026
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

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

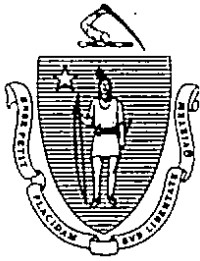
☐ Chairman Name: Melody Mak-Jurkauskas
☐ Vice Chairman Address: _____
☐ Director 270 Bridge Street, Suite 301
☐ President Dedham, MA 02026
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Patrick Chilcott
☐ Vice Chairman Address: _____
☐ Director 270 Bridge Street, Suite 301
☐ President Dedham, MA 02026
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Financial Officer ☐ 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. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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



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

William Francis Galvin
Secretary of the
Commonwealth

Date: October 12, 2021

To Whom It May Concern :

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

RIVERSIDE COMMUNITY CARE, INC.

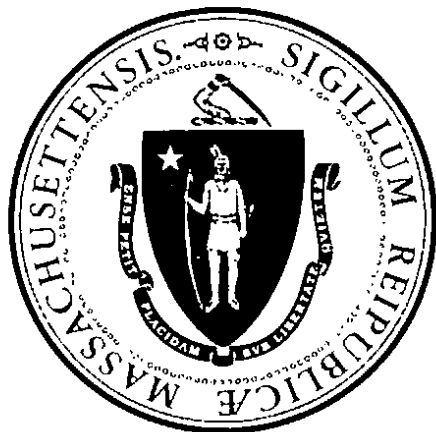
is a domestic corporation organized on **November 01, 1990**

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.

FILED
2021 NOV 23 PM 3:50
MASSACHUSETTS
CLERK OF THE SECRETARY



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: 21100245630

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

Processed by: ili



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2021

CLAIRE KIRBY
1800 THIBODO ROAD STE 310
VISTA, CA 92081 US

SUBJECT: RIVERSIDE COMMUNITY CARE, INC.
Ref. Number: W21000144445

We have received your document for RIVERSIDE COMMUNITY CARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 521A00026982

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NOV 22 2021