

THE COMMONWEALTH OF MASSACHUSETTS

*I, (NAME), do solemnly swear that I will bear true faith and allegiance to the Commonwealth of Massachusetts, and will support the Constitution thereof – **So help me God.***

*I, (NAME), do solemnly swear and affirm that I will faithfully and impartially discharge and perform all the duties incumbent on me as a member of the (BOARD or COMMISSION), according to the best of my abilities and understanding, agreeably, to the rules and regulations of the Constitution, and the laws of this Commonwealth – **So help me God.***

I, (NAME), do solemnly swear that I will support the Constitution of the United States.

Signature

(please sign and print or type name)

Title of Office Member of the Assisted Living Residences Commission

Residence

Date of Appointment 2/26/2025

Date of Qualification 2/26/2025

Personally appeared the above signed who took and subscribed the Oaths prescribed by the Constitution of this Commonwealth and a law of the United States to qualify him to discharge the duties of the office to which he is appointed by the Commission.

Commissioners to Qualify Public Officers

Before us:

Gabriel Cohen

(please sign and print or type name)

Sreya Sudireddy

**** COMMISSIONERS TO QUALIFY ** PLEASE NOTE ****

Appointee should receive a copy of this certificate (Form O) and the original should be forwarded to the:
Office of the Secretary of the Commonwealth, Room 1719 – Commissions Section,
McCormack Building
One Ashburton Place, Boston, MA 02108