



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUS SVCS DIV
 2017 FEB 24 PM 12: 27

Certificate of Authority
 FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Care Capital Properties, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: April 2, 2015		
And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 191 N. Wacker Drive, Suite 1200, Chicago, IL 60606		
6. The name and address of the initial registered agent/office of in Rhode Island:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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A.A. 12:27p.m.

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

To transact business as a holding company

8. (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):

NAME	ADDRESS

Check the box to indicate an attachment.

8. (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):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment.

9. 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:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
300,000,000	Common		\$0.01

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:


\$ 2,561,850,160.56

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$ 26,908,042.65

(c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.

1.05 %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. \$ <u>347,500,000.00</u>	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year. \$ <u>2,800,000.00</u>
(c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> <u>0.81</u> %	
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer Kristen M. Benson, Executive Vice President, General Counsel and Secretary	Date <u>2/16/17</u>
Signature of Authorized Officer of the Corporation 	
SIGN DOCUMENT HERE	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Attachment

Care Capital Properties, Inc.

<u>Directors</u>	<u>Address</u>
Douglas Crocker II	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
John S. Gates, Jr.	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
Ronald G. Geary	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
Raymond J. Lewis	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
Jeffrey A. Malehorn	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
Dale A. Reiss	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
John L. Workman	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606

<u>Principal Officers</u>	<u>Title</u>	<u>Address</u>
Raymond J. Lewis	Chief Executive Officer	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
Kristen M. Benson	Executive Vice President, General Counsel and Secretary	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
Timothy A Doman	Executive Vice President and Chief Operating Officer	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606
Lori B. Wittman	Executive Vice President and Chief Financial Officer	191 N. Wacker Drive, Suite 1200, Chicago, IL 60606

Delaware

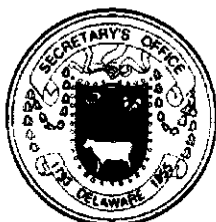
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARE CAPITAL PROPERTIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARE CAPITAL PROPERTIES, INC." WAS INCORPORATED ON THE SECOND DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5722121 8300

SR# 20171005716

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202057365

Date: 02-17-17



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

February 24, 2017 12:27 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

