



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

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Application for Certificate of Authority

FOREIGN Business 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: FUJIFILM Medical Systems U.S.A., Inc. | | |
| 2. It is incorporated under the laws of: New York | | |
| 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: 10/28/1963 | | |
| And the period of its duration is: CHECK ONE BOX ONLY | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ | | |
| 5. The address of its principal office is: 81 Hartwell Avenue, Suite 300, Lexington, MA 02421 | | |
| 6. The name and address of the initial registered agent/office 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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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Provision of healthcare products and related service.

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 |
|-----------------|---|
| Teiichi Goto | 7-3 Akasaka 9-chome, Minato-ku, Tokyo, Japan 107-0052 |
| Tetsuya Iwasaki | 200 Summit Lake Drive, Valhalla, NY 10595 |
| Jun Higuchi | 81 Hartwell Avenue, Suite 300, Lexington, MA 02421 |
| | |

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 | Jun Higuchi | 81 Hartwell Avenue, Suite 300, Lexington, MA 02421 |
| VICE PRESIDENT | | |
| TREASURER | Hideru Sato | 200 Summit Lake Drive, Valhalla, NY 10595 |
| SECRETARY | Judy Melillo | 200 Summit Lake Drive, Valhalla, NY 10595 |

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 |
|------------------|-------|--------|---------------------------------|
| 200 | A | | No Par Value |
| 200 | B | | No Par Value |
| | | | |
| | | | |

10. An estimate, as a percentage, of 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: Percentage obtained from worksheet.)

0.0000 %

11. An estimate, as a percentage, of 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. (Note: Percentage obtained from worksheet.)

0.5808 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

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.

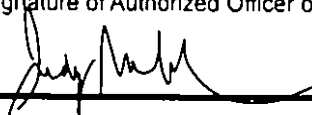
Type or Print Name of Authorized Officer

Judy Mellillo, Secretary

Date

06/07/2021

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

State of New York
Department of State } **ss:**

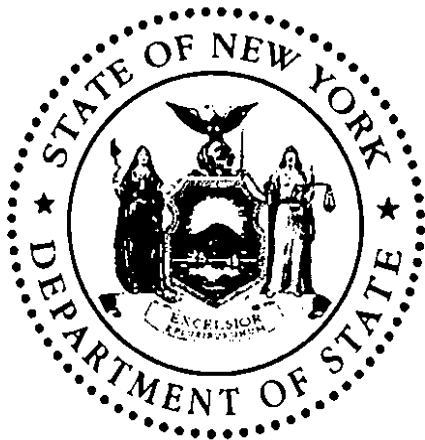
I hereby certify, that the Certificate of Incorporation of FUJIFILM MEDICAL SYSTEMS U.S.A., INC. was filed on 10/28/1963, under the name of PYNE X-RAY CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment PYNE X RAY CORP., changing its name to PYNE CORP., was filed 04/03/1980.

A Certificate of Amendment PYNE CORP., changing its name to PYNE CORPORATION, was filed 08/18/1980.

A Certificate of Amendment PYNE CORPORATION, changing its name to FUJI MEDICAL SYSTEMS U.S.A., INC., was filed 12/29/1986.

A Certificate of Amendment FUJI MEDICAL SYSTEMS U.S.A., INC., changing its name to FUJIFILM MEDICAL SYSTEMS U.S.A., INC., was filed 06/19/2000.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of June
two thousand and twenty-one.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State



State of Rhode Island
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,
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:

June 23, 2021 12:21 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

