RI SOS Filing Number: 201742980320 Date: 5/8/2017 10:56:00 AM

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State of Rhode Island and Providence Plantations

### **Department of State - Business Services Division**

## **Certificate of Authority**

**FOREIGN Corporation** 

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, 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:			•		
Novocure Inc					
2. It is incorporated under the laws of: Delaward	e				
3. The name, if different, which it elects to use in RI	node Island is:			<del></del> -	
(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:					
			2017	<u> </u>	
4. The date of its incorporation is: June 19, 2006					
And the period of its duration is: CHECK ONLY ON	IE BOX		<u> </u>		
Perpetual (on-going)				-00E	
Date certain for dissolution			٠Ö	7 <u>5</u>	
5. The address of its principal office is:					
195 Commerce Way Portsmouth, NH 03801					
6. The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Ste 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	-	<del></del>	

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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FORM 150 - Revised: 08/2016

7. The purpose or purpo Sales of durable medic	oses which it proposes to pursue in cal equipment.	the transaction	of business in Rhode Island are:
odios v. w	zai equipinono		
8. (a) The names and restate or country of which	espective addresses of its directors that is incorporated):	(optional, unless	s directors are required under the laws of the
NAME	The origination of the state of		ADDRESS
(See attachment)			
			Check the box to indicate an attachment.
8. (b) The names and re of the state or country o	espective addresses of its principal of which it is incorporated):	officers (mandate	tory if directors are not required under the laws
OFFICE	NAME		ADDRESS
PRESIDENT	(See attachment)		
VICE PRESIDENT			
TREASURER			
SECRETARY			
			Check the box to indicate an attachment.
9. The aggregate number par value, and series, if a		issue; itemized	by classes, par value of shares, shares without
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Common		0.01
CTAIL .			
		·	
owned by the corporation	lars, the value of all property to be in for the following year, wherever		n dollars, the value of the corporation's property within Rhode Island during the following year:
located: \$ 17,954,954.00		\$ <u>4</u>	,116.00
within this state during th	entage, the proportion that the estimate following year bears to the value located. Note: Divide (10b) by (10a	of all property of	ne property of the corporation to be located of the corporation to be owned during the v 100 to obtain the percentage.
0.22		y wire	, roo to obtain the porcentage.

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(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.				
\$	<sub>\$</sub> 640,949.00				
(c) Estimate, <b>as a percentage</b> , 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>0.483</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: C					
Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the day 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	Date				
Wilco Groenheyse	4-14-17-				
Signature of Authorized Officer of the Conformation  HERS					

Novocure Inc.
Directors and Officers

#### **Directors:**

Asaf Danziger 1500 Broadway, 29<sup>th</sup> Floor New York, NY 10036

William F. Doyle 1500 Broadway, 29<sup>th</sup> Floor New York, NY 10036

Yoram Palti 1500 Broadway, 29<sup>th</sup> Floor New York, NY 10036

#### Officers:

Asaf Danziger, President 1500 Broadway, 29<sup>th</sup> Floor New York, NY 10036

Wilco Groenhuysen, CFO 20 Valley Stream Parkway Malvern, PA 19355

Michael Ambrogi, COO 195 Commerce Way Portsmouth, NH 03801

Todd Longsworth, Secretary 20 Valley Stream Parkway Malvern, PA 19355

Frank Leonard, Vice President 20 Valley Stream Parkway Malvern, PA 19355

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NOVOCURE 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 THIRTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

4177244 8300

SR# 20172489582
You may verify this certificate online at corp.delaware.gov/authver.shtml

PATE STATE

SHIPPY VI BASSOCIE. Securiary of Stopes

Authentication: 202372992

Date: 04-13-17

RI SOS Filing Number: 201742980320 Date: 5/8/2017 10:56:00 AM



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:

May 08, 2017 10:56 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

