RI SOS Filing Number: 201751115900 Date: 10/6/2017 1:51:00 PM



## R.I DEPT. OF STATE BUS SVCS DIV

## **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:

or that purpose submits the following statement:				
1. The name of the corporation is:				
Costco Health Solutions, Inc.				
2. It is incorporated under the laws of: Washingt	ton			
3. The name, if different, which it elects to use in Rh	ode Island is:			
(a) If the name of the corporation in its jurisdiction of "incorporated", or "limited," or an abbreviation thereo above corporate endings for use in Rhode Island:	incorporation does not contain to the corporation in the first the name of the corporation.	the word "corporation", "company", pration with the addition of one of the		
(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: 04/11/2016				
And the period of its duration is: CHECK ONLY ON	E BOX			
Perpetual (on-going)				
Date certain for dissolution				
5. The address of its principal office is:				
999 Lake Drive Issaquah, WA 90827				
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) 10 Dorrance Street, Suite 530				
City/Town Providence	State RHODE ISLAND	Zip Code 02903		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1:51

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Hold contracts with network pharmacies and manufacturers.				
Tions consists with the	took pilatilit	iolos suo manaratura		
8 (a) The names and so	enective adde	pages of its directors (o	ntional unless dir	ectors are required under the laws of the
state or country of which			ptional, unless dir	actors are required under the laws of the
NAME			DRESS	
John Sullivan	999 Lake Drive Issaquah		juah, WA 98027	
Gail E. Tsuboi	I E. Tsuboi 999 Lake Drive Issaq		juah, WA 98027	
,		I		Check the box to indicate an attachment.
8. (b) The names and re of the state or country or			icers (mandatory	if directors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	Victor A. Curtis		999 Lake Drive Issaquah, WA 98027	
VICE PRESIDENT	John Sullivan		999 Lake Drive Issaquah, WA 98027	
TREASURER	Gary Swearingen		999 Lake Drive Issaquah, WA 98027	
SECRETARY	Gail E. Tsuboi		999 Lake Drive Issaquah, WA 98027	
	•			Check the box to indicate an attachment.
<ol><li>The aggregate number par value, and series, if</li></ol>			ssue; itemized by	classes, par value of shares, shares without
NUMBER OF SHARES	CLAS	SS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1000	Common			.01
	4-10			
10. (a) Estimate, in dol owned by the corporation				ollars, the value of the corporation's property in Rhode Island during the following year:
located: \$_0			<b>s</b> 0	
<b>3</b>			₽	
within this state during t	he following ye	ear bears to the value o	f all property of th	roperty of the corporation to be located e corporation to be owned during the 00 to obtain the percentage.
%				

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.
\$ <u>950,000</u>	s_0
(c) Estimate, as a percentage, the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. Note percentage.	year compared to the gross amount thereof which will be
<u>0</u> %	
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporate	of Good Standing/Letter of Status issued by the proper officer of a 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 day	ys from the day of filing)
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contain	amined this Application for Certificate of Authority, including any ed herein are true and correct.
Type or Print Name of Authorized Officer	Date
Gall E. Tsuboi	10/05/2017
Signature of Authorized Officer of the Corporation	UMENT HERE

Title	FirstName	LastName	CompanyAddress
President	Victor	Curtis	999 Lake Drive Issaquah, WA 98027
Vice President	John	Sullivan	999 Lake Drive Issaquah, WA 98027
Secretary	Gail	Tsuboi	999 Lake Drive Issaquah, WA 98027
Treasurer	Gary	Swearingen	999 Lake Drive Issaquah, WA 98027
Asst. Secretary	Christopher	Pierce	999 Lake Drive Issaquah, WA 98027

Directors: John Sullivan; Gail Tsuboi	999 Lake Drive Issaquah, WA 98027

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Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its scal, hereby issue this

## CERTIFICATE OF EXISTENCE

**OF** 

COSTCO HEALTH SOLUTIONS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 4/11/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: October 2, 2017

UBI: 603-607-934

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

**- 137.7**2

Kim Wyman, Secretary of State



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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:

October 06, 2017 01:51 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

