

Department of State - Business Services Division

→ Filing Fee: \$25.00

STAMP

RECEIVED
SECRETARY OF STATE
CORPORATE FINANCE DIV.
2018 MAR 19 7:11:00 PM

1. Entity ID Number: 001084152	2. The name of the corporation is: Yale-New Haven Health Services Corporation
3. List the date the Certificate of Authority was issued by the RI Department of State: 03/11/2015	
4. If the entity's name has changed, state the new name: YALE NEW HAVEN HEALTH SERVICES CORPORATION	
Check the box to indicate no change ☐	
4a. The name, if different, which it elects to use in Rhode Island is:	
* If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:	
5. If the entity's purpose is changing complete the following section: *The new purpose should include ALL activity to be transacted in the State of Rhode Island.	
Check the box to indicate an attachment ☐	Check the box to indicate no change ☒

Website: www.sos.ni.gov

FILED STAMP

MAR 19 2018

KL326789

11:11

6. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.

Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Corporate Name of the Non-Profit Corporation

YALE NEW HAVEN HEALTH SERVICES CORPORATION

Type or Print Name of the ☒ President OR ☐ Vice President

Richard D'Aquila

Date

February 8, 2018

Signature of President OR Vice President



SIGN DOCUMENT HERE

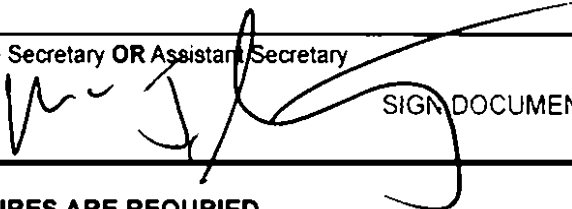
Type or Print Name of the ☐ Secretary OR ☒ Assistant Secretary

William J. Aseltyn, Esq.

Date

February 8, 2018

Signature of the Secretary OR Assistant Secretary



SIGN DOCUMENT HERE

TWO SIGNATURES ARE REQUIRED

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

YALE NEW HAVEN HEALTH SERVICES CORPORATION

a domestic NONSTOCK corporation, was filed in this office on December 14, 1983.

A certificate of amendment for YALE-NEW HAVEN HEALTH SERVICES CORPORATION,
changing its name to YALE NEW HAVEN HEALTH SERVICES CORPORATION, was filed on
December 22, 2016.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: February 07, 2018



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:

March 19, 2018 11:11 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

