



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Ascension Health-IS, Inc.		
1a. 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 qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of: Missouri		
3. The date of its incorporation is: August 12, 2005		
And the period of its duration is: CHECK ONLY ONE BOX		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The address of its principal place of business is: 101 S. Hanley Road, Suite 450, St. Louis, MO 63105		
5. The name and address of the initial registered agent/office in Rhode Island is:		
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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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Information support services

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Joseph Impicciache	101 S. Hanley Road, Suite 450, St. Louis, MO 63105
Director	Christine McCoy	11775 Borman, 2nd Floor, St. Louis, MO 63146
Director	Matthew Jagger	250 W 96th Street, Indianapolis, IN 46260
President	Gerry X. Lewis	4600 Edmundson Road, St. Louis, MO 63134
Vice President		
Treasurer	Matthew Jagger	250 W 96th Street, Indianapolis, IN 46260
Secretary	Christine McCoy	11775 Borman, 2nd Floor, St. Louis, MO 63146

Check the box to indicate an attachment ☐

8. 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.

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

Type or Print Name of ☒ President OR ☐ Vice President

Date

Gerry X. Lewis, President & CEO

October 30, 2018

Signature of President OR Vice President

COPIED DOCUMENT HERE

Type or Print Name of ☒ Secretary OR ☐ Assistant Secretary

Date

Christine McCoy, Secretary

October 30, 2018

Signature of Secretary OR Assistant Secretary

COPIED DOCUMENT HERE

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

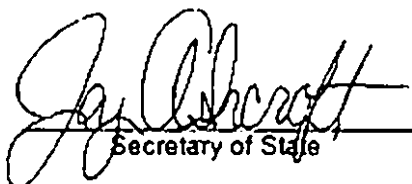
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

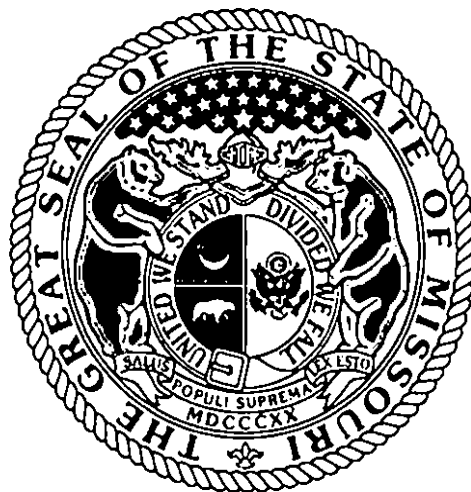
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Ascension Health - IS, Inc.
N00678365

was created under the laws of this State on the 12th day of August, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 23rd day of October, 2018.


Secretary of State



Certification Number: CERT-10232018-0051