

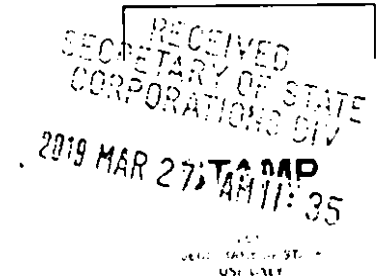


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

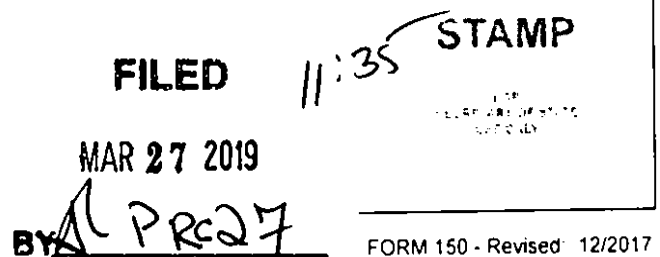


Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: INTERCEPT PHARMACEUTICALS, INC.		
2. It is incorporated under the laws of: Delaware		
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: 09/04/2002 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: 10 Hudson Yards, Floor 37, New York, NY 10001		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Pharmaceutical R&D and Sales

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
Mark Pruzanski	10 Hudson Yards, Floor 37, New York, NY 10001
Sandip Kapadia	10 Hudson Yards, Floor 37, New York, NY 10001
Paolo Fundaro	10 Hudson Yards, Floor 37, New York, NY 10001
Srinivas Akkaraju, M.D., PhD	10 Hudson Yards, Floor 37, New York, NY 10001

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		
VICE PRESIDENT		
TREASURER		
SECRETARY	Ryan Sullivan	10 Hudson Yards, Floor 37, New York, NY 10001

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
45,000,000	Common		\$0.0010
5,000,000	Preferred		\$0.0010

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 %

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 %

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

Jennifer Kurz

Date

3/25/2019

Signature of Authorized Officer of the Corporation

 **PLACE DOCUMENT HERE**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 150 - Revised: 12/2017

**Attachment to Rhode Island
Officers & Directors**

- 1 Full Name: Mark Pruzanski
Officer/Director: Officer, Director
Officer's Title: President and CEO
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001
- 2 Full Name: Sandip Kapadia
Officer/Director: Officer, Director
Officer's Title: Treasurer and CFO
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001
- 3 Full Name: Luca Benatti
Officer/Director: Director
Officer's Title:
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001
- 4 Full Name: Daniel Bradbury
Officer/Director: Director
Officer's Title:
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001
- 5 Full Name: Keith Gottesdiener
Officer/Director: Director
Officer's Title:
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001
- 6 Full Name: Nancy Miller-Rich
Officer/Director: Director
Officer's Title:
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001
- 7 Full Name: Gino Santini
Officer/Director: Director
Officer's Title:
Business Address: 10 Hudson Yards, Floor 37

City: New York
State: NY
ZIP Code: 10001

8 Full Name: Glenn Sblendorio
Officer/Director: Director

Officer's Title:
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001

9 Full Name: Daniel Wlech
Officer/Director: Director

Officer's Title:
Business Address: 10 Hudson Yards, Floor 37
City: New York
State: NY
ZIP Code: 10001

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERCEPT PHARMACEUTICALS, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2019.

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.



3565213 8300

SR# 20192255341

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202512558

Date: 03-25-19



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 27, 2019 11:35 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

