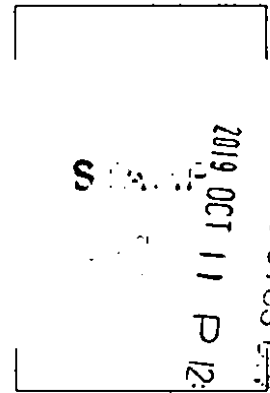




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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: <input type="text" value="Seasons Hospice & Palliative Care of Rhode Island Holdings, Inc."/>		
2. It is incorporated under the laws of: <input type="text" value="DE"/>		
3. The name, if different, which it elects to use in Rhode Island is: <input type="text"/> <p>(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: <input type="text"/></p> <p>(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: <input type="text"/></p>		
4. The date of its incorporation is: <input type="text" value="10/04/2019"/>		
And the period of its duration is: CHECK ONE BOX ONLY <input type="text"/> <p><input checked="" type="checkbox"/> Perpetual (on-going)</p> <p><input type="checkbox"/> Date certain for dissolution _____</p>		
5. The address of its principal office is: <input type="text" value="6400 Shafer Court, Ste 700, Rosemont, IL 60018"/>		
6. The name and address of the initial registered agent/office in Rhode Island: <input type="text"/>		
Agent Name <input type="text" value="Corporation Service Company"/>		
Street Address (NOT a P.O. Box) <input type="text" value="222 Jefferson Boulevard, Suite 200"/>		
City/Town <input type="text" value="Warwick"/>	State <input type="text" value="RHODE ISLAND"/>	Zip Code <input type="text" value="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

FILED ✓
 OCT 11 2019
 BY Ch AQUIB
 12:31

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

Holding Company

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
Todd A. Stern	6400 Shafer Court, Ste 700, Rosemont, IL 60018

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	Annemarie Switchulis	6400 Shafer Court, Ste 700, Rosemont, IL 60018
VICE PRESIDENT		
TREASURER		
SECRETARY	Elizabeth Kopochis	6400 Shafer Court, Ste 700, Rosemont, IL 60018

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
2,000	Voting	None	No Par Value
8,000	Non-Voting	None	No Par Value

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.)

100 %

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.)

100 %

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

Todd A. Stern, Chief Executive Officer

Date

10/10/2019

Signature of Authorized Officer of the Corporation



SIGN DOCUMENT HERE

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEASONS HOSPICE & PALLIATIVE CARE OF RHODE ISLAND HOLDINGS, 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 TENTH DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEASONS HOSPICE & PALLIATIVE CARE OF RHODE ISLAND HOLDINGS, INC." WAS INCORPORATED ON THE FOURTH DAY OF OCTOBER, A.D. 2019.

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



7641589 8300

SR# 20197483466

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.

Authentication: 203766125

Date: 10-10-19



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:

October 11, 2019 12:31 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

