



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

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2020 APR -9 A 11:53

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:

Teva Pharmaceuticals USA, 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: **01/28/1985**

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

400 Interpace Parkway, Building A, Parsippany, NJ 07054

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name **Corporate Creations Network Inc.**

Street Address (NOT a P.O. Box) **10 Dorrance Street #700**

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

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 BY *[Signature]* **FHW55**
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FORM 150 - Revised: 12/2017

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

Pharmaceuticals 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
Brendan O'Grady	400 Interpace Parkway, Building A, Parsippany, NJ 07054
Deborah Griffin	1090 Horsham Rd, North Wales, PA 19454
Asaph Naaman	400 Interpace Parkway, Building A, Parsippany, NJ 07054

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	Brendan O'Grady	400 Interpace Parkway, Building A, Parsippany, NJ 07054
VICE PRESIDENT	Deborah Griffin	1090 Horsham Rd, North Wales, PA 19454
TREASURER	Debra Peterson	400 Interpace Parkway, Building A, Parsippany, NJ 07054
SECRETARY	Brian Shanahan	400 Interpace Parkway, Building A, Parsippany, NJ 07054

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
10,000	A - Authorized		1.00
10,000	B - Authorized		1.00

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.)

1 _____ %

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.)

1 _____ %

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

Sean Arno, Attorney-In-Fact

Date

4/08/2020

Signature of Authorized Officer of the Corporation



SIGN 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

Teva Pharmaceuticals USA, Inc.

8. (b) The names and respective addresses of its principal officers – continued:

Brendan O'Grady - CEO - 400 Interpace Parkway, Building A, Parsippany, NJ 07054

Deborah Griffin - Chief Accounting Officer – 1090 Horsham Rd, North Wales, PA 19454

Edith Koller-Dette - Sr. Vice President Americas Operations - 400 Interpace Parkway, Building A, Parsippany, NJ 07054

Joerg Tillmann – Vice President – Supply Chain - 400 Interpace Parkway, Building A, Parsippany, NJ 07054

Asaph Naaman - Sr. Vice President and CFO - North America Commercial - 400 Interpace Parkway, Building A, Parsippany, NJ 07054

Brian Shanahan - Vice President - 400 Interpace Parkway, Building A, Parsippany, NJ 07054

Douglas McCormack – Assistant Treasurer - 400 Interpace Parkway, Building A, Parsippany, NJ 07054

Chris Lagullo - Sr. Director, North American Logistics – 1090 Horsham Rd, North Wales, PA 19454

Limited Power of Attorney

The undersigned Teva Pharmaceuticals USA, Inc., a Delaware entity ("the Company"), appoints Sean Arno as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Lauren Underwood, Special Secretary grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Computershare Governance Services Inc. d/b/a Corporate Creations, 801 US Hwy 1 North Palm Beach, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 8th day of April, 2020.

Teva Pharmaceuticals USA, Inc.

By: 

Name: Lauren Underwood

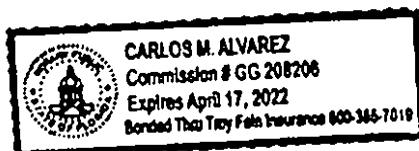
Title: Special Secretary

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 8th day of April, 2020.



Notary Public



Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEVA PHARMACEUTICALS USA, 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-FOURTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEVA PHARMACEUTICALS USA, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 1985.

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



2053734 8300

SR# 20202345892

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 202648177

Date: 03-24-20

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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:

April 09, 2020 11:53 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

