

### **Certificate of Authority**

**FOREIGN Non-Profit Corporation** 

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-6-74</u>, 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:

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| purpose submits the following statement.  |                    |                   |  |  |
|---|--------------------|-------------------|--|--|
| The name of the corporation is:   |                    |                   |  |  |
| Mary Hitchcock Memorial Hospital  |                    |                   |  |  |
| 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:  New Hampshire   |                    |                   |  |  |
| 3. The date of its incorporation is: 8/7/1889   |                    |                   |  |  |
| 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: One Medical Center Drive, Lebanon, NH 03756   |                    |                   |  |  |
| 5. The name and address of the initial registered agent/office in Rhode Island is:  |                    |                   |  |  |
| Agent Name C T Corporation System   |                    |                   |  |  |
| Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A   |                    |                   |  |  |
| City/Town East Providence   | State RHODE ISLAND | Zip Code<br>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

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| 6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:   |   |   |   |  |
|---|---|---|---|--|
| To provide pharmacy and / or healthcare services  |   |   |   |  |
| ,   |   |   |   |  |
|   |   | Observation to a                            |   |  |
| Check the box to indicate an attachment 7. The names and respective addresses of its directors and officers are:  |   |   |   |  |
| OFFICE  | NAME                                    | ADDRESS                                     |   |  |
| Director  | See attached list of trustees           |   |   |  |
| Director  |   |   |   |  |
| Director  |   |   |   |  |
| President   | Joanne M. Conroy, MD                    | One Medical Center Drive,                   | One Medical Center Drive, Lebanon, NH 03756 |  |
| Vice<br>President   | N/A                                     |   |   |  |
| Treasurer   | Charles G. Plimpton, MBA                | One Medical Center Drive, Lebanon, NH 03756 |   |  |
| Secretary   | Charles G. Plimpton, MBA                | One Medical Center Drive,                   | One Medical Center Drive, Lebanon, NH 03756 |  |
| Check the box to indicate an attachment 🗹   |   |   |   |  |
| 8. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> 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. |   |   |   |  |
|   | Name of 🗹 President OR 🗌 Vice President |   | Date  |  |
| Joanne M. Conroy, MD  |   | 1502/20120                                  |   |  |
| Signature of  | resident OR Vice President  Oum Ch Mi   |   |   |  |
| Type of Print Name of ☑ Secretary OF ☐ Assistant Secretary  |   | Date  |   |  |
| Charles G.Plimpton, MBA   |   | 2/4/2021                                    |   |  |
| Signature of Secretary OR Assistant Secretary   |   |   |   |  |

## Mary Hitchcock Memorial Hospital Trustees

#### <u>Name</u>

#### **Business Address / Home Address**

Geraldine Bednash, One Medical Center Dr., Lebanon, NH 03756 Mark W. Begor, One Medical Center Dr., Lebanon, NH 03756 Jocelyn D. Chertoff, One Medical Center Dr., Lebanon, NH 03756 Duane A. Compton, One Medical Center Dr., Lebanon, NH 03756 Paul P. Danos, One Medical Center Dr., Lebanon, NH 03756 Carl Dobson, 100 Hospital Dr., Bennington, VT 05201 Elof Eriksson, One Medical Center Dr., Lebanon, NH 03756 Gary L. Freed, One Medical Center Dr., Lebanon, NH 03756 Thomas P. Glynn, One Medical Center Dr., Lebanon, NH 03756 Robert S.D. Higgins, One Medical Center Dr., Lebanon, NH 03756 Roberta L. Hines, One Medical Center Dr., Lebanon, NH 03756 Jonathan T. Huntington, One Medical Center Dr., Lebanon, NH 03756 Laura K. Landy, One Medical Center Dr., Lebanon, NH 03756 Jennifer L. Moyer, One Medical Center Dr., Lebanon, NH 03756 David P. Paul, One Medical Center Dr., Lebanon, NH 03756 Thomas Raffio, One Medical Center Dr., Lebanon, NH 03756 Kurt K. Rhynhart, One Medical Center Dr., Lebanon, NH 03756 Edward Howe Stansfield, III, One Medical Center Dr., Lebanon, NH 03756 Pamela Austin Thompson, One Medical Center Dr., Lebanon, NH 03756

Marc B. Wolpow, One Medical Center Dr., Lebanon, NH 03756

# State of New Hampshire Department of State

#### **CERTIFICATE**

1, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 68517

Certificate Number: 0005239514



#### IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 27th day of January A.D. 2021.

William M. Gardner Secretary of State