



State of Rhode Island

Department of State - Business Services Division

Application for Reservation of Entity NameDOMESTIC or FOREIGN Business Corporation, Limited Partnership,
Limited Liability Company or Non-Profit Corporation

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→ Business Corporation Filing Fee: \$50.00 → Limited Partnership Filing Fee: \$50.00
→ Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$25.00

The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing (other than as provided under RIGL 7-13-3).

1. The name to be reserved is:

Evernorth Behavioral Health, Inc.

2. The name is being reserved for the entity type listed below.

- ☒ Business Corporation (including Professional and Foreign Corporations) RIGL 7-1 2-403
☐ Limited Partnership (including Foreign Limited Partnerships) RIGL 7-13-3
☐ Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10
☐ Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11.1

3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

4. List the Name of Applicant:

CT Corporation

Address:

450 Veterans Memorial Parkway, Suite 7A

City/Town:

East Providence

State:

RI

Zip Code:

02914

Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by:

CT Corporation

Address:

450 Veterans Memorial Parkway, Suite 7A

City/Town:

East Providence

State:

RI

Zip Code:

02914

Signature of Authorized Person

Robert Ortiz

Date

07/22/21

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**

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BY NYDF8

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 620 - Revised 08/2020



State of Rhode Island

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,
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:

July 22, 2021 12:37 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

