



State of Rhode Island

Department of State - Business Services Div

APPROVED: 9/14/2021

 Elizabeth K. Kelleher-Dwyer
 Superintendent of Insurance
 RI Dept of Business Regulation

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 SEP 17 PM 12:44

Articles of Incorporation**DOMESTIC Business Corporation**

→ Filing Fee: \$230.00 minimum

 The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202,
 adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

Molina Healthcare of Rhode Island, Inc.Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? ☐ Yes ☒ No

2. The total number of shares which the corporation has the authority to issue is:

(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

Total Authorized Shares
(Number of Shares)
Class of Stock**Par Value Per Share**

10,000

Common

No par value

 If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including
 voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.

State any provisions here (optional):

Check the box to indicate an attachment ☐

n/a

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

Agent Name

Corporation Service Company

Street Address (NOT a P.O. Box)

222 Jefferson Boulevard, Suite 200

City/Town

Warwick

State

RHODE ISLAND

Zip Code

02888

 4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved
 or terminated in accordance with RIGL 7-1.2.
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

SEP 17 2021

 BY PLW 32AM
 12:44

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

To the extent that the corporation holds a certificate of authority in accordance with Title 27, Insurance, Chapter 41, Health Maintenance Organizations of the Rhode Island Statutes, the corporation may establish and operate a health maintenance organization.

Check the box to indicate an attachment ☐

6. The name and address of each incorporator is:

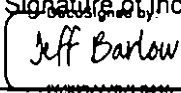
Name Jeff D. Barlow	Address 2180 Harvard Street, Suite 400	
City/Town Sacramento	State CA	Zip Code 95815
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

7. Date when these Articles of Incorporation 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/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Incorporator Jeff D. Barlow	Date September 8, 2021
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	