



State of Rhode Island
Department of State - Business Services Division

Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

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

2023 NOV 16 P 1:55

Pursuant to the provisions of RIGL 7-6-74, 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:

1. The name of the corporation is:

MultiCare Health System

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:

Washington

3. The date of its incorporation is:

07/29/1986

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:

820 A Street, Tacoma, WA 98402

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

Agent Name C T Corporation System

Street Address (NOT a P.O. Box)

450 Veterans Memorial Parkway, Suite 7A

City/Town

East Providence

State

RHODE ISLAND

Zip Code

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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BY ML16231

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Operating a not-for-profit healthcare service organization

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	
Director		
Director		
President		
Vice President		
Treasurer		
Secretary		

Check the box to indicate an attachment ☒

8. 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.

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.

Type or Print Name of President OR <input checked="" type="checkbox"/> Vice President	Date
Sherry McGinnes	11/15/2023

Signature of President OR Vice President

Sherry McGinnes

Type of Print Name of <input checked="" type="checkbox"/> Secretary OR Assistant Secretary	Date
ERIC CARLSON, SECRETARY	11/03/2023

Signature of Secretary OR Assistant Secretary

Eric Carlson

TWO SIGNATURES ARE REQUIRED

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 250 - Revised: 8/2023

Attachment for Officer's and Director's: - MultiCare Health System

Address for Officer's and Director's	820 A Street, MS 820-4-LEG, Tacoma, WA 98402
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Name	Title
John Wiborg	Chairman
Deedra Walkey	Vice Chairman
Mark C Gary	Corporate Secretary
Sally B Leighton	Secretary
Frank Tombari	Treasurer
Tara Perry	Director
Toriq Salam	Director
Dale Sowell	Director
Terrano Janine	Director
Robin Thomashauer	Director
Robert Yost	Director

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF EXISTENCE

OF

MULTICARE HEALTH SYSTEM

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/29/1986.

I FURTHER CERTIFY that the entity's duration is , and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 11/03/2023
UBI Number: 601 100 682



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

A handwritten signature in black ink, reading "Steve R. Hobbs".

Steve R. Hobbs, Secretary of State

Date Issued: 11/03/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

November 16, 2023 01:55 PM

A handwritten signature in black ink, reading 'Gregg M. Amore'.

Gregg M. Amore
Secretary of State

