



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Corporation  
Application for Certificate of Authority  
(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is Lehigh Valley Health Services, Inc.

SECTION II

It is incorporated under the laws of State: PA Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

- (a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**  
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 7/14/1983

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 2100 MACK BLVD  
PO BOX 4000  
City or Town: ALLENTOWN State: PA Zip: 18105-4000 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD  
SUITE 200  
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY

SECTION VII

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

REMOTE ADMINISTRATIVE PERSONNEL WORKING FROM THEIR HOMES WITHIN THE STATE OF RHODE ISLAND.

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	BRIAN NESTER	2100 MACK BLVD ALLENTOWN, PA 18103 USA
TREASURER	THOMAS MARCHOZZI	2100 MACK BLVD ALLENTOWN, PA 18103 USA
SECRETARY	STACEY ASBELL	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	BRIAN NESTER	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	THOMAS MARCHOZZI	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	ROBERT MURPHY JR.	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	STACEY ASBELL	2100 MACK BLVD ALLENTOWN, PA 18103 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN NESTER	2100 MACK BLVD ALLENTOWN, PA 18103 USA
TREASURER	THOMAS MARCHOZZI	2100 MACK BLVD ALLENTOWN, PA 18103 USA
SECRETARY	STACEY ASBELL	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	BRIAN NESTER	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	THOMAS MARCHOZZI	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	ROBERT MURPHY JR.	2100 MACK BLVD ALLENTOWN, PA 18103 USA
DIRECTOR	STACEY ASBELL	2100 MACK BLVD ALLENTOWN, PA 18103 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	1,000.00

Signed this 22 Day of January, 2024 at 10:23:18 AM by the officers(s). This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

By THOMAS MARCHOZZI  
Signature of Authorized Officer of the Corporation



**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

**Regarding:** LEHIGH VALLEY HEALTH SERVICES, INC.  
**Request Type:** Subsistence Certificate **Issuance Date:** December 18, 2023  
**Request No.:** 027324027 **File No.:** 0000775841  
**Receipt No.:** 000820163  
**Filing Type:** Domestic Business Corporation  
**Filing Subtype:** Business  
**Initial Filing Date:** July 14, 1983  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

LEHIGH VALLEY HEALTH SERVICES, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](https://www.file.dos.pa.gov)



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:

January 22, 2024 10:16 AM

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

Gregg M. Amore  
*Secretary of State*

