



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 SANVELLO HEALTH INC.

SECTION II

It is incorporated under the laws of State: DE 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 9/22/2014

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 150 SOUTH FIFTH STREET
SUITE 825

City or Town: MINNEAPOLIS State: MN Zip: 55402 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL HWY
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 02914

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

SECTION VII

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

MANAGEMENT SERVICES

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
PRESIDENT	ANDREA C VINYARD	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
TREASURER	PETER M GILL	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
SECRETARY	GABRIELLE MOSHER	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
ASSISTANT SECRETARY	HEATHER A LANG	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
ASSISTANT SECRETARY	TIMOTHY J LANGDON	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
DIRECTOR	ANDREA C VINYARD	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 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	ANDREA C VINYARD	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
TREASURER	PETER M GILL	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
SECRETARY	GABRIELLE MOSHER	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
ASSISTANT SECRETARY	HEATHER A LANG	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
ASSISTANT SECRETARY	TIMOTHY J LANGDON	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 USA
DIRECTOR	ANDREA C VINYARD	150 SOUTH FIFTH STREET, SUITE 825 MINNEAPOLIS, MN 55402 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>
CWP		\$0.0100	100.00

Signed this 1 Day of April, 2024 at 7:50:02 PM 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 TIMOTHY J. LANGDON
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANVELLO HEALTH INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

5607672 8300

SR# 20240774134

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202909692

Date: 02-28-24



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:

April 01, 2024 07:48 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

