



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| 1. The name of the corporation is: Mastercard International Services, Inc. | | |
| 2. It is incorporated under the laws of: Delaware | | |
| 3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) 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: | | |
| 4. The date of its incorporation is: 11/07/2001 | | |
| And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____ | | |
| 5. The address of its principal office is: 2000 Purchase Street, Purchase, NY 10577-2509 | | |
| 6. The name and address of the initial registered agent/office in Rhode Island: | | |
| Agent Name C T Corporation System | | |
| Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A | | |
| City/Town East Providence | State RHODE ISLAND | Zip Code 02914 |

05/22/2024 1:01:00 PM

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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

8. (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):

| NAME | ADDRESS |
|-------------------|-----------------------------------------------|
| Millie Chun | 2000 Purchase Street, Purchase, NY 10577-2509 |
| Rossana Niola | 2000 Purchase Street, Purchase, NY 10577-2509 |
| Indraneel Ganguly | 2000 Purchase Street, Purchase, NY 10577-2509 |
| | |

Check the box to indicate an attachment

8. (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):

| OFFICE | NAME | ADDRESS |
|----------------|---------------------|-----------------------------------------------|
| PRESIDENT | Scarlet Pereira | 2000 Purchase Street, Purchase, NY 10577-2509 |
| VICE PRESIDENT | Millie Chun | 2000 Purchase Street, Purchase, NY 10577-2509 |
| TREASURER | Vivian Yunning Zhou | 2000 Purchase Street, Purchase, NY 10577-2509 |
| SECRETARY | Jennifer Meschewski | 2000 Purchase Street, Purchase, NY 10577-2509 |

Check the box to indicate an attachment

9. 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:

| NUMBER OF SHARES | CLASS | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|--------|--------|---------------------------------|
| 1,000 | Common | | \$1,000.0000 |
| | | | |
| | | | |
| | | | |

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)
 0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)
 0 %

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing. | |
| 13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____ | |
| 14. <i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i> | |
| Type or Print Name of Authorized Officer | Date |
| Millie Chun | 5/20/2024 |
| Signature of Authorized Officer of the Corporation | |
|  | |

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.

**Attachment to Rhode Island
Officers & Directors**

- | | | |
|---|-------------------|----------------------|
| 1 | Full Name: | Craig Brown |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Business Address: | 2000 Purchase Street |
| | City: | Purchase |
| | State: | NY |
| | ZIP Code: | 10577-2509 |
| 2 | Full Name: | Indraneel Ganguly |
| | Officer/Director: | Officer , Director |
| | Officer's Title: | Assistant Treasurer |
| | Business Address: | 2000 Purchase Street |
| | City: | Purchase |
| | State: | NY |
| | ZIP Code: | 10577-2509 |
| 3 | Full Name: | Jason Zamichiel |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Treasurer |
| | Business Address: | 2000 Purchase Street |
| | City: | Purchase |
| | State: | NY |
| | ZIP Code: | 10577-2509 |
| 4 | Full Name: | Rossana Niola |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | Vice President |
| | Business Address: | 2000 Purchase Street |
| | City: | Purchase |
| | State: | NY |
| | ZIP Code: | 10577-2509 |
| 5 | Full Name: | Heather Hippman |
| | Officer/Director: | Officer |
| | Officer's Title: | Vice President |
| | Business Address: | 2000 Purchase Street |
| | City: | Purchase |
| | State: | NY |
| | ZIP Code: | 10577-2509 |
| 6 | Full Name: | James Gerhart |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Treasurer |
| | Business Address: | 2000 Purchase Street |
| | City: | Purchase |
| | State: | NY |
| | ZIP Code: | 10577-2509 |
| 7 | Full Name: | Annamarie Della Fave |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Business Address: | 2000 Purchase Street |

City:
State:
ZIP Code:

Purchase
NY
10577

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MASTERCARD INTERNATIONAL SERVICES, 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 FOURTEENTH DAY OF MAY, 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

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SR# 20242109013

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

Authentication: 203468613

Date: 05-14-24



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:

May 22, 2024 01:01 PM

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

Gregg M. Amore
Secretary of State

