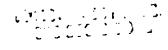


## **Application for Certificate of Authority** FOREIGN Business Corporation

-> 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				
Perpetual (on-going)				
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 (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 02904-2815

Phone: (401) 222-3040 Website: www.sos.ri.gov

7. The purpose or purpos	ses which it pr	roposes to pursue in	the transaction of b	ousiness in Rhode Island are:	
Resale of Services					
1					
8. (a) The names and restate or country of which			(optional, unless di	irectors are required under the laws of the	
NAME			A	ADDRESS	
Millie Chun	2000 Purchase Street, Pur		t, Purchase, NY 10577	ırchase, NY 10577-2509	
Rossana Niola	sana Niola 2000 Purchase Street, Po		t, Purchase, NY 1057	7-2509	
Indrancel Ganguly 2000 Purchase Street, Po		t, Purchase, NY 1057	7-2509		
	. "				
		<u> </u>		Check the box to indicate an attachment	
8. (b) The names and re of the state or country of			l officers (mandator)	y if directors are not required under the laws	
OFFICE	NAME ADDRESS		ADDRESS		
PRESIDENT	Scarlet Pereira		2000 Purchase S	2000 Purchase Street, Purchase, NY 10577-2509	
VICE PRESIDENT	Millie Chun		2000 Purchase S	2000 Purchase Street, Purchase, NY 10577-2509	
TREASURER	Vivian Yunning Zhou		2000 Purchase S	2000 Purchase Street, Purchase, NY 10577-2509	
SECRETARY	Jennifer Meschewski		2000 Purchase S	2000 Purchase Street, Purchase, NY 10577-2509	
	L			Check the box to indicate an attachment X	
9. The aggregate number par value, and series, if			to issue; itemized b	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLA		SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,000	Common			\$1,000.0000	
10. An estimate, as a pu	ercentage, of during the fol	the proportion that t	the estimated value the value of all pro	of the property of the corporation to be perty of the corporation to be owned during	
the following year, wher	ever located.	(Note: Percentage o	btained from works	heet.)	
0%					
at or from places of bus	iness in Rhod	le Island during the f	following year comp	ousiness to be transacted by the corporation pared to the gross amount thereof which will be blained from worksheet.)	
0%	•				

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

## 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



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.

3454605 8300

SR# 20242109013

Authentication: 203468613

Date: 05-14-24