



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

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

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Navitus Health Solutions, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: WI Country: US

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

**ARTICLE IV**

The date of its organization is: 1/31/2002

**ARTICLE V**

The period of its duration is:  Perpetual

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 450 VETERANS MEMORIAL PARKWAY

SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914

Name: CT CORPORATION SYSTEM

**Article VII**

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

FOREIGN LLC, THIRD-PARTY ADMINISTRATOR TO DO BUSINESS IN RI THAT CONTRACTS TO ADMINISTER OR MANAGE PRESCRIPTION-DRUG BENEFITS ON BEHALF OF ANY CARRIER THAT PROVIDES PRESCRIPTION DRUG BENEFITS TO RESIDENTS IN RI.

**ARTICLE VIII**

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

**ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street:

City or Town: State: Zip: Country:

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 361 INTEGRITY DRIVE

City or Town: MADISON State: WI Zip: 53717 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its    Members\* or   X   Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BRADLEY M. HANNA	361 INTEGRITY DRIVE MADISON, WI 53717 USA
MANAGER	RANDALL J. COMBS	361 INTEGRITY DRIVE MADISON, WI 53717 USA
MANAGER	ELIZABETH R. ERICKSON	361 INTEGRITY DRIVE MADISON, WI 53717 USA

MANAGER	JOSEPH R. SWEDISH	361 INTEGRITY DRIVE MADISON, WI 53717 USA
MANAGER	RICHARD B. STEPHENS	361 INTEGRITY DRIVE MADISON, WI 53717 USA
MANAGER	DAVID W. FIELDS CEO	361 INTEGRITY DRIVE MADISON, WI 53717 USA
MANAGER	LAURA S. KAISER CHAIR	361 INTEGRITY DRIVE MADISON, WI 53717 USA

*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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 19 Day of November, 2024 at 11:11:45 AM by the Authorized Person.**

**MITALI CHATTERJEE, PARALEGAL**

Form No. 450  
Revised 09/07

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United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Kristie Pulvermacher, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**NAVITUS HEALTH SOLUTIONS, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 31, 2002.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., but that it has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on November 12, 2024.

A handwritten signature in black ink that reads "Kristie Pulvermacher".

KRISTIE PULVERMACHER, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

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DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <https://apps.dfi.wi.gov/apps/ccs/verify/>

Enter this code: **402873-4D512DEA**