



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:		
RxAnte, 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:		
11/24/2008		
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:		
511 Congress Street, Suite 803, Portland, ME 04101		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name		
Capitol Corporate Services, Inc.		
Street Address (<u>NOT</u> a P.O. Box)		
222 Jefferson Blvd., Suite 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 26 2025

BY G. G. SLYK
AA. 10:48 AM.

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

To provide predictive analytics, other analytic services, targeted clinical programs, intervention services, and pharmacy care management solutions that improve medication prescribing, medication adherence and medication quality programs.

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

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	Marc Wise	511 Congress Street, Suite 803, Portland, ME 04101
VICE PRESIDENT		
TREASURER	Corbin Director	511 Congress Street, Suite 803, Portland, ME 04101
SECRETARY	Eileen Casal	511 Congress Street, Suite 803, Portland, ME 04101

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
8,532,198	common with par		\$0.00001
5,458,755	preferred with par		\$0.00001

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.)

2.5 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status 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**

☒ Date received (Upon filing)

☐ 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 examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

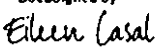
Type or Print Name of Authorized Officer

Eileen Casal

Date

2/11/2025

Signature of Authorized Officer of the Corporation

DocuSigned by


OFFICERS OF RXANTE, INC.

Name	Title	RxAnte Address
Joshua Benner	Chief Executive Officer	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Marc Wise	President	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Loren Lidsky	SVP, Chief Analytics Officer	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Corbin Director	SVP, Chief Financial Officer & Treasurer	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Vijay Prabhakar	Chief Revenue Officer	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Jessica Frank	SVP, Client Success	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Amie Joyce	SVP, Head of Technology Operations	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Eileen Casal	SVP, General Counsel, Secretary and Chief Privacy Officer	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Chad Means	SVP, Chief Human Resources Officer	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101
Eliza Swann	Assistant Secretary	RxAnte, Inc. 511 Congress Street, Suite 803 Portland, ME 04101

<u>DIRECTORS OF RXANTE, INC.</u>		
<u>Director Name</u>	<u>Position</u>	<u>Affiliations</u>
Brenton Burns	Chairman	Executive VP, UPMC Enterprises
Joshua Benner	Director	Founder and Chief Executive Officer, RxAnte
Nancy Cocozza	Director	Healthcare Advisor Board member, Privia Health Board member Wider Circle, Inc. Board member Real Time Medical Systems, Inc.
Chronis Manolis	Director	SVP Pharmacy and Chief Pharmacy Officer, UPMC Health Plan
Nicholas Shapiro	Director	Principal, UPMC Enterprises
Jonathan Phillips	Director	Managing Director, Head of Private Equity for First Trust Capital Partners, LLC
Mohit Kaushal	Director	Advisor for General Atlantic and Alignment Health

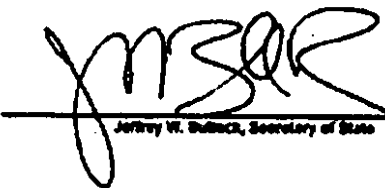
Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RXANTE, 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 EIGHTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RXANTE, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2008.


Jeffrey W. Bullock, Secretary of State

4626542 8300

SR# 20250050500

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

Authentication: 202648759

Date: 01-08-25



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:

February 26, 2025 10:48 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

