

State of Rhode Island Department of State - Business Services Division

25 MAY 20 PM 12:55:25

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1 2-402, the undersigned business corporation hereby submits	
the following statement for authority to transact business in the state of Rhode Island under a	ĺ
Market 1 Table 1 Table 1	

fictitious business name:				
1. Entity ID Number:	2. The name of the Corporation is:			
001767031	MULTIPLAN, INC.			
3. The fictitious business name to be used is:				
Claritev				
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
New York		April 7,1980		
6. The address of its registered office within Rhode Island is:				
Street Address 222 Jefferson Boulevard, Suite 200				
City Warwick		State RHODE ISLAND	Zip 02888	
7. The business in which it is engaged:				
Healthcare Cost Management Services				
8. Applicant is otherwise authorized to do business in the state of Rhode Island.				
9. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.				
Name of Authorized Officer of the Corporation			Date	
Kent Bartholomew		May 8, 2025		
Signature of Authorized Officer of the Corporation				

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

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RI SOS Filing Number: 202573313730 Date: 5/20/2025 12:55:00 PM



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 20, 2025 12:55 PM

Gregg M. Amore Secretary of State

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