RI SOS Filing Number: 202574105550 Date: 6/2/2025 3:51:00 PM



State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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2025 JUN -2 P 3:57

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: Value-Based RCM, 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: 12/04/2024 (Date transferred from FL corp to DE corp) 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: 16146 Syd Creek Drive, Homer Glen, IL 60491 6. The name and address of the initial registered agent/office in Rhode Island: Agent Name CT Corporation Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A

RHODE ISLAND

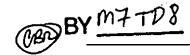
MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

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

City/Town East Providence

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Zip Code 02914

7. The purpose of purp	oeee which it or	onoses to	oursus in the	transaction of	f business in Rhode Island are:		
7. The pulpose of pulp	oses willen it pi	oposes to	puisue in the	tiansaction of	i busiliess ill Kilode Island ale.		
Medical Billing and	Healthcare R	Revenue	Cycle Man	agement			
1							
8. (a) The names and r state or country of whic			directors (or	otional, unless	directors are required under the laws of the		
NAME		ADDRESS					
David Worachek		16146 Syd Creek Dr, Homer Glen, IL 60491					
Amanda Kessler		16146 Syd Creek Dr, Homer Glen, IL 60491					
Jesse Lane		16146 Syd Creek Dr, Homer Glen, IL 60491					
				······	Check the box to indicate an attachment		
8. (b) The names and roof the state or country of				cers (mandato	ory if directors are not required under the law	\$	
OFFICE	NAME			ADDRESS			
PRESIDENT	David Worachek			16146 Syd Creek Dr, Homer Glen, IL 60491			
VICE PRESIDENT							
TREASURER	Amanda Kessler			16146 Syd Creek Dr, Homer Glen, IL 60491			
SECRETARY	<u> </u>				·		
		<u>.</u>		<u> </u>	Check the box to indicate an attachment	\Box	
9. The aggregate numb par value, and series, if			authority to is	sue; itemized	by classes, par value of shares, shares with	out	
NUMBER OF SHARES	CLASS			SERIES	PAR VALUE OR STATE NO PAR VALUE		
1,005,905	Common				\$.0001		
246,148	Preferred		A		\$.0001		
10. An estimate, as a p	ercentage, of t	he proporti	on that the e	stimated value	e of the property of the corporation to be		
_	during the follo	wing year	bears to the	value of all pro	operty of the corporation to be owned during		
0 %							
)						
at or from places of bus	iness in Rhode	Island dur	ing the follow	ing year comp	business to be transacted by the corporation pared to the gross amount thereof which will obtained from worksheet.)		
0 %	•		, , = = (, = = 30,		- · · · · · · · · · · · · · · · · · · ·		
1							

12. This application must be accompanied by a <u>Certificate of Good St</u> formation dated within 60 days of the date of this filing.	anding/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHECK Of	NE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the	e date of filing)
14. Under penalty of perjury, I declare and affirm that I have examined any accompanying attachments, and that all statements contained he	
Type or Print Name of Authorized Officer	Date
Amanda Kessler	05/21/2025
Signature of Authorized Officer of the Corporation	<u> </u>

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Delaware The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "VALUE-BASED RCM, 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 APRIL, A.D. 2025.

Charuni Patibanda-Sanchez, Secretary of State
Authentication: 203392891

C. B. Sancher

Date: 04-08-25

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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:

June 02, 2025 03:51 PM

Gregg M. Amore

Treg M. Coure

