RI SOS Filing Number: 202577292680 Date: 7/30/2025 9:46:00 AM



State of Rhode Island Department of State - Business Services Division

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2025 JUL 30 A 9 46

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1,2-1405, the ur	• •	,				
applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:						
The name of the corporation is:						
The training at the companies of						
TruBridge, Inc.						
It is incorporated under the laws of: Ohio						
3. The name, if different, which it elects to use in Rh	ode 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:						
TruBridge of Ohio, Inc						
4. The date of its incorporation is: 8/7/2008						
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:						
219 East Maple St., Suite 3000, North Canton, Ohio 44720						
6. The name and address of the initial registered ago	ent/office in Rhode Island:					
Agent Name Corporation Service Company						
Street Address (<u>NQT</u> a P.O. Box) 222 Jefferson Box	ulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 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**

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7. The purpose or purp	oses which it pr	oposes to pursue in the	e transaction of b	business in Rhode Island are:	
Licensed Insurance Age	ency				
8. (a) The names and restate or country of whice			ptional, unless di	irectors are required under the laws of the	
NAME			A	DDRESS	
Andrew Nelson	ew Nelson 2200 Fletcher Ave., 4		th Floor, Fort Lee, NJ 07024		
Mitchell Ginzburg 2200 Fletche		2200 Fletcher Ave., 4	cher Ave., 4th Floor, Fort Lee, NJ 07024		
Cameron Liljenquist		2200 Fletcher Ave., 4t/	ner Ave., 4th Floor, Fort Lee, NJ 07024		
				Check the box to indicate an attachment	
8 (b) The names and re	esnective addre	esses of its principal off	ficers (mandatory	y if directors are not required under the laws	
of the state or country of				II directors are not required and the form	
OFFICE		NAME		ADDRESS	
PRESIDENT	Andrew Nelson		2200 Fletcher /	2200 Fletcher Ave., 4th Floor, Fort Lee, NJ 07024	
VICE PRESIDENT	Mitchell Ginzburg		2200 Fletcher A	2200 Fletcher Ave., 4th Floor, Fort Lee, NJ 07024	
TREASURER	Tatsiana Pisarenka		2200 Fletcher /	2200 Fletcher Ave., 4th Floor, Fort Lee, NJ 07024	
SECRETARY	Laurie A. Poul	los	2200 Fletcher	2200 Fletcher Ave., 4th Floor, Fort Lee, NJ 07024	
				Check the box to indicate an attachment	
par value, and series, if	fany, within a cl	lass is:		y classes, par value of shares, shares without	
NUMBER OF SHARES		S	SERIES	PAR VALUE OR STATE NO PAR VALUE	
2500	Common			0	
				-	
	during the follo	wing year bears to the	value of all prope	of the property of the corporation to be erty of the corporation to be owned during	
0		10.00, r 0, 00g	nou nom mana.	561.7	
<u> </u>					
	iness in Rhode	Island during the follow	wing year compar	usiness to be transacted by the corporation red to the gross amount thereof which will be ained from worksheet.)	
0%		3 , , , , , , , , , , , , , , , , , , ,	. •.•		

12. This application must be accompanied by a <u>Certificate of Good Sta</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 ON	E 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 any accompanying attachments, and that all statements contained her	· · · · · · · · · · · · · · · · · · ·			
Type or Print Name of Authorized Officer	Date			
Laurie A. Poulos	7/23/2025			
Signature of Authorized Officer of the Corporation	<u>.</u>			
Lauris Poulos				

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TRUBRIDGE, INC., an Ohio corporation, Charter No. 1798881, having its principal location in North Canton, County of Stark, was incorporated on August 7, 2008 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of July, A.D. 2025.

Ohio Secretary of State

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Validation Number: 202520602702

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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:

July 30, 2025 09:46 AM

Gregg M. Amore
Secretary of State

Tregs M. Coure

