State of Rhode Island
Office of the Secretary of State

Fee: $310.00

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

Foreign Corporation
Application for Certificate of Authority

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is HEALTHCOMP, INC.

SECTION II

It is incorporated under the laws of State: OH Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:
(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island* ***OR***
(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 9/12/1986

and the period of its duration is **X** Perpetual ___

SECTION V

The location of its principal office is

No. and Street: 1226 HURON ROAD EAST
City or Town: CLEVELAND State: OH Zip: 44115 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is
No. and Street: 222 JEFFERSON BOULEVARD
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is COGENCY GLOBAL INC.

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
FEE FOR SERVICE PROGRAMS TO HOSPITALS AND HEALTHCARE ORGANIZATIONS; SERVICES INCLUDE GROUP PURCHASING.

SECTION VIII

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN LANE	1226 HURON ROAD, EAST CLEVELAND, OH 44115 USA
DIRECTOR	BRIAN LANE	1226 HURON ROAD, EAST CLEVELAND, OH 44115 USA
DIRECTOR	DEBORA CURTIS	1226 HURON ROAD, EAST CLEVELAND, OH 44115 USA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN LANE	1226 HURON ROAD, EAST CLEVELAND, OH 44115 USA
DIRECTOR	BRIAN LANE	1226 HURON ROAD, EAST CLEVELAND, OH 44115 USA
DIRECTOR	DEBORA CURTIS	1226 HURON ROAD, EAST CLEVELAND, OH 44115 USA

SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Num of Shares*	
CNP			$0.0000	750.00

Signed this 8 Day of September, 2025 at 1:17:05 PM by the officers(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By DEBORA CURTIS
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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 HEALTHCOMP, INC., an Ohio corporation, Charter No. 685388, having its principal location in Cleveland, County of Cuyahoga, was incorporated on September 12, 1986 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 8th day of September, A.D. 2025.

Ohio Secretary of State

Validation Number: 202525102074

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:

September 08, 2025 01:16 PM

Gregg M. Amore
Secretary of State