

# F11000004517

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

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TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Blue Cross & Blue Shield of Rhode Island, Corp.**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Blue Cross & Blue Shield of Rhode Island, Corp.  
Name of Corporation -- must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jillian Jagling, Esq.  
Name of Person

Blue Cross & Blue Shield of Rhode Island  
Firm/Company

500 Exchange Street  
Address

Providence R102903  
City/State and Zip Code

jillian.jagling@bcbstl.org  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jillian Jagling at (401) 459-1383  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Blue Cross & Blue Shield of Rhode Island Corp.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Rhode Island 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 2/27/1939 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration) See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 500 Exchange Street, Providence RI 02903  
(Principal office address)
- SAME  
(Current mailing address)
8. To operate non-profit hospital service corporation  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, \_\_\_\_\_, Florida 33324  
(City) (Zip Code)

10. Registered agent's acceptance:  
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Tammy Tofteroo  
CT Corporation System  
(Registered agent's signature)  
Vice President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Deborah R. Jacobson

Address: 500 Exchange Street, Providence, RI 02903

Vice Chairman: Chuck Locurto

Address: Same

Director: Denise A Barge

Address: Same

Director: Fredric V. Christian, M.D.

Address: Same

B. OFFICERS

President: Peter Andrzej Kiewicz

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Eric Gasbarro

Address: SAME

Secretary: Michele B. Lederberg

Address: SAME

Treasurer: N/A

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. \_\_\_\_\_

Michele B. Lederberg Secretary  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice President: Christopher Bush

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Thomas Cauthorn

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Paul Hanlon

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Augustine Manocchia, M.D.

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Shanna C. Marzilli

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Monica A. Neronha

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Brian M. O'Malley

Address: 500 Exchange Street, Providence, RI 02903

Vice President: Mark Waggoner

Address: 500 Exchange Street, Providence, RI 02903

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vice President: William K. Wray

Address: 500 Exchange Street, Providence, RI 02903

Director: Judge Edward C. Clifton

Address: 500 Exchange Street, Providence, RI 02903

Director: Meredith Curren

Address: 500 Exchange Street, Providence, RI 02903

Director: Michael V. D'Ambra

Address: 500 Exchange Street, Providence, RI 02903

Director: Christine C. Ferguson

Address: 500 Exchange Street, Providence, RI 02903

Director: Samuel H. Havens

Address: 500 Exchange Street, Providence, RI 02903

Director: Peter Hayes

Address: 500 Exchange Street, Providence, RI 02903

Director: Juana L. Horton

Address: 500 Exchange Street, Providence, RI 02903

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Director: John P. Maguire

Address: 500 Exchange Street, Providence, RI 02903

Director: Carol A. Mumford

Address: 500 Exchange Street, Providence, RI 02903

Director: Robert G. Norton

Address: 500 Exchange Street, Providence, RI 02903

Director: Anne E. Powers

Address: 500 Exchange Street, Providence, RI 02903

Director: Randy A. Wyrofsky

Address: 500 Exchange Street, Providence, RI 02903

Director: Francis X. Basile, Jr., M.D.

Address: 500 Exchange Street, Providence, RI 02903

Director: Scott Duhamel

Address: 500 Exchange Street, Providence, RI 02903



State of Rhode Island and Providence Plantations

A. Ralph Mollis  
Secretary of State

Certification Number: 11112172950

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,  
HEREBY CERTIFIES, that

Blue Cross & Blue Shield of Rhode Island

a Rhode Island non-profit corporation, filed original articles of association in this office on

February 27, 1939

Effective

February 27, 1939

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing  
under and by virtue of the laws of the State of Rhode Island and is in good standing according  
to the records of this office.

SIGNED AND SEALED ON

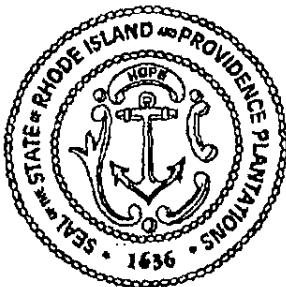
Tuesday, November 08, 2011

*A. Ralph Mollis*

Secretary of State

*William A. Donelli*

Authorized Agent



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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