### Filing and License Fee: \$310.00 minimum



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

### **BUSINESS CORPORATION**

## **APPLICATION FOR CERTIFICATE OF AUTHORITY**

CORPORATIONS DIV

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, 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 People Management, Inc.						
2.	It is	t is incorporated under the laws of New Jersey							
3.	The	e name, it	f different, which it elects to use in Rhode Island is						
	(a)	"incorpo	ame of the corporation in its jurisdiction of inc rated", or "limited" or an abbreviation thereof, the orporate endings for use in Rhode Island:	corporation does not contain the word "corpora en list the name of the corporation with the add	ation", ition of	"company", one of the			
	(b)	If the cor qualify a application	rporate name is not available in Rhode Island, the and transact business in Rhode Island as stated on:	n set forth below the fictitious name under which t in the "Fictitious Business Name Statement" to	he corp be_file	poration will ad with this			
4.	The	date of it	s incorporation is 2/26/1997	and the period of its duration is perpetual	9	37 P			
5.	The	address	of its principal office is 1260 Centennial Avenue,	Suite 101, Piscataway, NJ 08854	7	용양			
6.	The	address	of its proposed registered office in Rhode Island is	222 Jefferson Blvd., Suite 200	ö	5			
•				(Street Address, not P.O. Box)	$\sim$				
	that	address i	(City/Town) RI 02888 (Zip Code)  S Corporation Service Company	and the name of its proposed registered agent in	1 Knog	e Island at			
7.	(Name of Agent)  The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  Professional Employer Organization services (Human Resources, Payroll, Benefits, etc.)								
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws country of which it is incorporated).									
			<u>Name</u>	<u>Address</u>					
	Dire	ctor	Harry F. Sica, Jr.	1260 Centennial Avenue, Suite 101, Piscat	away, l	NJ 08854			
	Dire	ctor .	,m						
	Dire	ctor							
	Director 0CT 1 9 2015  Form No. 150  By 258695								
		No. 150 sed: 06/11	BY M 25.	10:22					

		<u>Name</u>						
			<u>Address</u>					
	sident Joni L. Ur	·	1260 Centennial	1260 Centennial Avenue, Suite 101, Piscataway, NJ 0825				
Vice	President			<u>0</u>				
Trea	asurer							
Seci	retary							
	aggregate number of shares series, if any, within a class,		issue; itemized by classes, par	value of shares, shares without par value				
	Number of Shares	<u>Class</u>	Series	Par Value or Statement that Shares are without Par Value				
1,70	00	Common		No Par				
_								
	\$300,000 following year, wherever local		e of the value of all property	to be owned by the corporation for the				
	(b) \$ = An estimate of the value of the corporation's property to be located within Rho Island during the following year.							
	the corporation to be located	within this state during	the following year bears to the	hat the estimated value of the property of value of all property of the corporation to by 100 to obtain the percentage.				
(a)	\$ 1,000 during the following year.			ness to be transacted by the corporation				
	(b) \$\frac{1,000,000}{\text{or from places of business in Rhode Island during the following year.}} = An estimate of the gross amount of business to be transacted by the corporation at							
1	transacted by the corporation	n at or from places of bu	siness in this state during the	that the gross amount of business to be following year bears to the gross amound (b) by (a) and multiply by 100 to obtain				
	is application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the s of which it is incorporated.							
This	nis 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	f this filing <u>Upoa</u>	tiling.					
			Application for Certificate of	clare and affirm that I have examined this Authority, including any accompanying atements contained herein are true and				
e:9/2	29/2015		Lind					
			Signature of Authori	ized Officer of the Corporation				

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### PEOPLE MANAGEMENT, INC.

0100697330

With the Previous or Alternate Name

# PEOPLE SERVICES, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 26, 1997.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

David P Lonski Esq 251 Livingston Ave New Brunswick, NJ 08901 0000



Certification# 137354953

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of September, 2015

Robert A Romano
Acting State Treasurer

5 AH II: 53

PORATIONS DIV

Verify this certificate at https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

