State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State							
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040							
Foreign Business Corpora	ation						
Annual Report							
Filing Period: January 1 - March 1							
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	s after the time prescribed by						
ANNUAL REPORT YEAR: 2019	<u>)</u>						
1. Corporate ID No. 00168	0572						
2. Name of Corporation Shift Human Capital Management Inc.							
3. Street Address Principal Bus	siness Office:						
No. and Street: 1 VENTU	RE, SUITE 150						
City or Town: <u>IRVINE</u>		e: <u>CA</u> Zip: <u>92618</u>	Country: <u>USA</u>				
4. Business Phone No.							
<u>888-798-9100</u>							
5. State of Incorporation							
State: <u>WY</u>							
	ARTICLE III						
Enter the six digit NAICS Code the the list of codes here. More inforr			e entity. Download				
<u>561330</u>							
6. Brief Description of the Cha	racter of Business Conducte	ed in Rhode Island					
STAFFING AND EMPLOYM	IENT RELATED BUSINES	S SERVICES					
7. Names and Addresses of the	e Officers and Directors:						
All officers and directors mu	ist be listed.						
Title	Individual Name	Addres	s				
	First, Middle, Last, Suffix	Address, City or Town, State					
PRESIDENT	SCOTT W ABSHER	1 VENTURE, IRVINE, CA 926					

PATRICE H LAUNEY

1 VENTURE, SUITE 150

TREASURER

			IRVINE, CA 92618 USA			
SECRETARY	MARK A ABSHE	MARK A ABSHER		1 VENTURE, SUITE 150 IRVINE, CA 92618 USA		
DIRECTOR	SCOTT W ABSH	SCOTT W ABSHER		1 VENTURE, SUITE 150 IRVINE, CA 92618 USA		
8. Shares Authorized and Is	sued					
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>	
CWP		\$	0.0001	500,000,000.00	100	
Signed this 9 Day of Janua individuals signing this inst signatory, under penalties of act and deed of the corpora electronic filing, in complia By <u>MARK A. ABSHER</u> Signature of Authorized H	trument constitutes th of perjury, that this in ation, and that the fac nce with R.I. Gen. La	e affirma strument ets stated ws § 7-1.	ntion or ackn is that indiv herein are th 2.	owledgement of a dual's act and d	the eed or the	
Form No. 630 Revised 09/07						