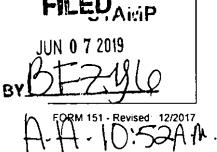
Department of     Application for An     FOREIGN Business C     → Filing Fee: \$75.00 (\$	235 for an increase in author RIGL <u>7-1.2-1411</u> , the undersign	of Authority	ECRE PRATICAL	
the following statement:			in 🗸	
1. Entity ID Number:	2. The name of the cor	poration is:		
000856471	22nd Century	/ Staffing, Inc.		
3. It is incorporated under the laws of: DE		<ul> <li>4. List the date the Certificate of Authority was issued by the RI Department of State:</li> <li>11-08-2013</li> </ul>		
6. The name, if different, v	which it elects to use in Rhoo			
"incorporated," or "limited above corporate endings (b) If the corporate name	" or an abbreviation thereof, for use in Rhode Island: is not available in Rhode Isla	ncorporation does not contain the word "corpor then list the name of the corporation with the a and, then set forth below the fictitious name un stated in the "Fictitious Business Name Statem	addition of one of the der which the	
7. If the entity's purpose is transacted in the State of Rh		owing section: *The new purpose should include A	ALL activity to be	
No change for the purp	OS 8			
Check the box to indicate	an attachment	Check box to	indicate no change	
MAIL TO: Division of Business Servic 148 W. River Street, Provider	es ce, Rhode Island 02904-2615	F	<b>LED</b> AidP	

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

NUMBER OF SHARES	res as of this amendn CLASS	SERIES	PAR VALUE OR STATE N	PAR VALUE OR STATE NO PAR VALUE	
			Check box to in	dicate no change	
heck the box to indicate	an attachment				
f the corporation to be low f all property of the corporation obtains	cated within this state of pration to be owned dur and from worksheet.)	ion that the estimated valu luring the following year be ing the following year, whe	rever located.	%	
b. An estimate, as a per- e transacted by the corp	centage, of the proport oration at or from place	ion of the gross amount of is of business in Rhode Isla t thereof which will be trans centage obtained from wor	sacted by the	%	
As assuring by PICL 7-	1 2-105 the corporation	n has paid all fees and tax	es		
	lified, the original Applic I and incorporated by re	cation for Certificate of Autle eference into this Application	hority continues in full force on for Amended Certificate c	and effect and is of Authority.	
pereby confirmed, ratified	led Certificate of Autho	rity will be effective: CHEC	K ONE BOX ONLY		
nereby confirmed, ratified					
nereby confirmed, ratified					
II. Date when the Ameno Date received (Upor	n filing) (Date must be no more	than 90 days from the dat	e of filing)		
ereby confirmed, ratified 1. Date when the Ameno Date received (Upor Later effective date	n filing) (Date must be no more	than 90 days from the date	e of filing)	icate of Authority, ct.	
Antereby confirmed, ratified 11. Date when the Ameno Date received (Upor Later effective date of Under penalty of penjury, including any accompany	n filing) (Date must be no more I declare and affirm tha ying attachments, and t	than 90 days from the date	e of filing)	icate of Authority, ct.	
nereby confirmed, ratified 11. Date when the Ameno Date received (Upor Later effective date	n filing) (Date must be no more I declare and affirm tha ying attachments, and t	than 90 days from the date	e of filing) olication for Amended Certil ed herein are true and corre		

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

June 07, 2019 10:52 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

