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State of Rhode Island Office of the Secretary of State

Fee: \$310.0

Zip: 02888

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 <u>U.S. OMNI & TSACG Compliance Services Inc.</u>

SECTION II

It is incorporated under the laws of State: NY 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 9/30/1997

and the period of its duration is X Perpetual

SECTION V

The location of its principal office is

City or Town:

No. and Street: 220 ALEXANDER ST. STE 400

City or Town: ROCHESTER State: NY Zip: 14607 Country: USA

SECTION VI

State: RI

The address of its proposed registered office in Rhode Island is

WARWICK

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200

and the name of its proposed registered agent in Rhode Island at that address is $\underline{CORPORATION}$ $\underline{SERVICE}$ $\underline{COMPANY}$

SECTION VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

TO PERFORM RETIREMENT PLAN ADMINISTRATION TO EMPLOYERS IN RI.

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	MEGAN SCHNEIDER	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	

1			
TREASURER	MEGAN SCHNEIDER 99 WOOD AVENUE SOUTH, STE 5 ISELIN, NJ 08830 USA		
SECRETARY	JACQUES S. PIERRE	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
CFO	MATTHEW RIORDAN	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
SENIOR VP	SARAH BREINER	220 ALEXANDER ST, SUITE 400 ROCHESTER, NY 14607 USA	
SENIOR VP	JANET WILLIAMSON	220 ALEXANDER ST, SUITE 400 ROCHESTER, NY 14607 USA	
SENIOR VP	JACQUES S. PIERRE	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
SENIOR VP	BRAD HOPE	220 ALEXANDER ST, SUITE 400 ROCHESTER, NY 14607 USA	
CHAIR, DIRECTOR	MEGAN SCHNEIDER	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
DIRECTOR	PATRICK SIMONDS	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
DIRECTOR	MATTHEW RIORDAN	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 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	MEGAN SCHNEIDER	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
TREASURER	MEGAN SCHNEIDER	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
SECRETARY	JACQUES S. PIERRE	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
CFO	MATTHEW RIORDAN	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
SENIOR VP	SARAH BREINER	220 ALEXANDER ST, SUITE 400 ROCHESTER, NY 14607 USA	
SENIOR VP	JANET WILLIAMSON	220 ALEXANDER ST, SUITE 400 ROCHESTER, NY 14607 USA	
SENIOR VP	JACQUES S. PIERRE	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
SENIOR VP	BRAD HOPE	220 ALEXANDER ST, SUITE 400 ROCHESTER, NY 14607 USA	
CHAIR, DIRECTOR	MEGAN SCHNEIDER	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
DIRECTOR	PATRICK SIMONDS	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 USA	
DIRECTOR	MATTHEW RIORDAN	99 WOOD AVENUE SOUTH, STE 501 ISELIN, NJ 08830 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	Par Value Per	Total Authorized Shares
Olass of Olook	Octios of	i di valdo i di	N C C1

П					
ı		Stock	Share		
ı	CNP			\$0.0000	300.00

Signed this 3 Day of November, 2023 at 6:33:52 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 JACQUES S. PIERRE

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: U.S. OMNI & TSACG COMPLIANCE SERVICES INC.

DOS ID Number: 2185507

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/30/1997

Effective Date: 01/01/2022

Statement Status: CURRENT

Statement Due Date: 09/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 06, 2023 at 11:48 A.M.

Brandon C. Heyles

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004447852 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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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:

November 03, 2023 06:31 PM

Gregg M. Amore Secretary of State

Treg M. Coure

