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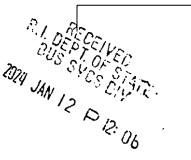


State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



Pursuant to the provisions of <u>RIGL 7-1,2-1405</u>, 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:

Focus Edusolutions, Inc.

2. It is incorporated under the laws of: Massachusetts

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: 4/21/2021

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution ____

5. The address of its principal office is:

500 West Cummings Park, Suite 2700, Woburn, MA 01801

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Registered Agent Solutions, Inc.

Street Address (NOT a P.O. Box) 222 Jefferson Blvd. Suite 200

City/Town Warwick

State RHODE ISLAND

Zip Code 02888

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

JAN 1-2 2024

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:					
Online course & p	orogram dev	elopment for use	with higher edu	cation institutes	
8. (a) The names and restate or country of which			optional, unless d	irectors are required under the laws of the	
NAME		ADDRESS			
Anirudh Baheti		500 West Cummings Park, Suite 2700, Woburn, MA 01801			
				Check the box to indicate an attachment	
of the state or country o		corporated):	officers (mandatory	y if directors are not required under the laws	
OFFICE	NAME		ADDRESS		
PRESIDENT	Anirudh Baheti		500 W Cum	500 W Cummings Park Ste 2700 Woburn 01801	
VICE PRESIDENT					
TREASURER	Anirudh Baheti		500 W Cum	500 W Cummings Park Ste 2700 Woburn 01801	
SECRETARY	Anirudh Baheti		500 W Cum	500 W Cummings Park Ste 2700 Woburn 01801	
				Check the box to indicate an attachment	
9. The aggregate numb par value, and series, if			b issue; itemized b	y classes, par value of shares, shares without	
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000	Common			No Par Value	
	during the foll	owing year bears to th	he value of all prop	of the property of the corporation to be perty of the corporation to be owned during theet)	
	over located. (non i ordenidge ob			
0.00 %					
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (<i>Note: Percentage obtained from worksheet.</i>)					
50.0 %	-				

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12. This application must be accompanied by a <u>Certificate of G</u> formation dated within 60 days of the date of this filing.	iood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
 Date received (Upon filing) Later effective date (Date must be no more than 90 days f 	rom the date of filing)
14. Under penalty of perjury, I declare and affirm that I have ex any accompanying attachments, and that all statements contai	
Type or Print Name of Authorized Officer	Date
Anirudh Baheti	01/12/2024
Signature of Authorized Officer of the Corporation	L

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The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

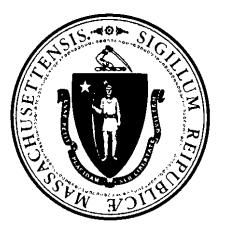
William Francis Galvin Secretary of the Commonwealth

Date: January 02, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office, FOCUS EDUSOLUTIONS, INC.

is a domestic corporation organized on April 21, 2021 , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Villian Trenin Galicin

Secretary of the Commonwealth

Certificate Number: 23120539960 Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx Processed by: hng State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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:

January 12, 2024 12:06 PM

Treng M. Course

Gregg M. Amore Secretary of State

