



State of Rhode Island  
Office of the Secretary of State

Fee: \$310.00

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 COMMONWEALTH CASH MANAGEMENT CORP.

SECTION II

It is incorporated under the laws of State: MA 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 10/2/2006

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 32 TIOGA WAY  
City or Town: MARBLEHEAD State: MA Zip: 01945 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE SUITE 2  
City or Town: BARRINGTON State: RI Zip: 02806

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

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

PAYROLL PROCESSING/HR

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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
TREASURER	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
SECRETARY	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
VICE PRESIDENT	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
DIRECTOR	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
TREASURER	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
SECRETARY	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
VICE PRESIDENT	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA
DIRECTOR	JOHN JEFFREY PLAKANS	32 TIOGA WAY MARBLEHEAD, MA 01945 USA

### SECTION IX

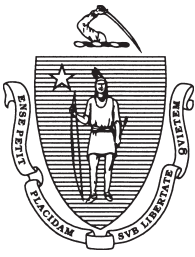
The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	100,000.00
CNP			\$0.0000	175,000.00

**Signed this 5 Day of February, 2024 at 11:20:09 AM 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 JOHN JEFFREY PLAKANS  
Signature of Authorized Officer of the Corporation

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*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

William Francis Galvin  
Secretary of the  
Commonwealth

Date: January 26, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,

**COMMONWEALTH CASH MANAGEMENT CORP.**

is a domestic corporation organized on **October 02, 2006** , 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.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 24010514070

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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