



**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 HUMAN CAPITAL RESEARCH CORPORATION**SECTION II**It is incorporated under the laws of State: IL 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 12/1/1992and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 3015 N LINCOLN AVECity or Town: CHICAGOState: ILZip: 60657Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 47 WOOD AVE. STE 2City or Town: BARRINGTON

State: RI

Zip: 02806and 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:

PROVIDE CUSTOMIZED RESEARCH AND ANALYTICS TO COLLEGES AND UNIVERSITIES,  
PARTICULARLY IN FINANCIAL AID AND PRICING, ENROLLMENT MANAGEMENT AND  
PLANNING, STUDENT RECRUITMENT AND RETENTION, MARKET ANALYSIS AND

INSTITUTIONAL BENCHMARKING & #8203;

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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | BRIAN ZUCKER                                   | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| TREASURER | TAMARA MARZ                                    | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| SECRETARY | TAMARA MARZ                                    | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| DIRECTOR  | BRIAN ZUCKER                                   | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| DIRECTOR  | TAMARA MARZ                                    | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | BRIAN ZUCKER                                   | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| TREASURER | TAMARA MARZ                                    | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| SECRETARY | TAMARA MARZ                                    | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| DIRECTOR  | BRIAN ZUCKER                                   | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 USA                |
| DIRECTOR  | TAMARA MARZ                                    | 3015 N LINCOLN AVE<br>CHICAGO, IL 60657 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<br>Stock | Par Value Per<br>Share | Total Authorized Shares<br><i>Num of Shares</i> |           |
|----------------|--------------------|------------------------|-------------------------------------------------|-----------|
| CWP            |                    | NONE                   | \$1.0000                                        | 10,000.00 |

Signed this 15 Day of February, 2024 at 9:59:57 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 BRIAN ZUCKER  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

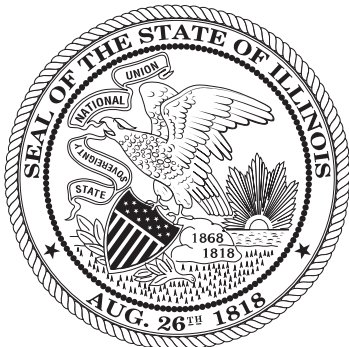
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***To all to whom these Presents Shall Come, Greeting:***

***I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

HUMAN CAPITAL RESEARCH CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 01, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of FEBRUARY A.D. 2024 .***

*Alexi Giannoulas*  
SECRETARY OF STATE



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:

February 15, 2024 09:58 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

