



2024 AUG -8 AM 9: (State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 AUG 08 2024

BY 1303867

9:06 AM

Foreign Corporation

Application for Certificate of Authority

Section 7-12-1405 of the General Laws of Rhode Island, 1950, as amended)

SECTION I

The name of the corporation is Customer First Corporation

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 08/07/2024

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:

CFC

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

The date of its incorporation is 7 29 2020

SECTION IV

RI DOS MADE NON-SUBSTANTIVE EDITS

and the period of its duration is X Perpetual ___

SECTION V

The location of its principal office is

No. and Street:

221 THIRD STREET

UNIT 306

City or Town:

NEWPORT

State: MA

Zip: 02840

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street:

27 NICHOLSON CRESCENT

City or Town:

MIDDLETOWN

State: RI

Zip: <u>02842</u>

and the name of its proposed registered agent in Rhode Island at that address is LAUREN H. SULLIVAN

SECTION VII

MANAGEMENT CONSULTING

SECTION VIII

TO BE A DECEMBER OF THE PROPERTY OF THE PROPER

(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).

Tit le	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country 27 NICHOLSON CRESCENT MIDDLETOWN, RI 02842 USA	
DIRECTOR	LAUREN SULLIVAN		
DIRECTOR	KATHERINE DELEHANTY	98 MALEE TERRRACE PORTSMOUTH, RI 02871 USA	
DIRECTOR	LAUREN SULLIVAN	27 NICHOLSON CRESCENT MIDDLETOWN, RI 02842 USA	
DIRECTOR KATHERINE DELEHANTY		98 MALEE TERRRACE PORTSMOUTH, RI 02871 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 27 NICHOLSON CRESCENT MIDDLETOWN, RI 02842 USA	
DIRECTOR	LAUREN SULLIVAN		
DIRECTOR	KATHERINE DELEHANTY	98 MALEE TERRRACE PORTSMOUTH, RI 02871 USA	
DIRECTOR	LAUREN SULLIVAN	27 NICHOLSON CRESCENT MIDDLETOWN, RI 02842 USA	
DIRECTOR	KATHERINE DELEHANTY	98 MALEE TERRRACE PORTSMOUTH, RI 02871 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 Num of Shares	
CNP		A	\$0.0000	800.00
PNP		В	\$0.0000	200.00

Signed this 7 Day of August, 2024 at 4:46:38 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 LAUREN H. SULLIVAN

Signature of Authorized Officer of the Corporation



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

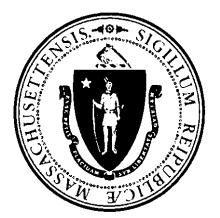
Date: August 06, 2024

To Whom It May Concern:

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

CUSTOMER FIRST CORPORATION

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.

Secretary of the Commonwealth

William Travers Gallein

Certificate Number: 24080090510

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

Processed by: bod