



**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 Axcet HR Solutions Inc.

SECTION II

It is incorporated under the laws of State: KS 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 10/14/2024

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:*

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 9/26/1989

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 10975 GRANDVIEW DRIVE
SUITE 200

City or Town: OVERLAND PARK State: KS Zip: 66210 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 450 VETERANS MEMORIAL HIGHWAY
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 02914

and the name of its proposed registered agent in Rhode Island at that address is C T CORPORATION

SECTION VII

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

WE ARE A PROFESSIONAL EMPLOYERS ORGANIZATION LOCATED IN KANSAS. WE HAVE CLIENT EMPLOYEES WORKING REMOTELY FROM THEIR RESIDENCE IN RHODE ISLAND.

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	GERALD FREDERICK DIDDLE	10810 W 140TH TERRACE OVERLAND PARK, KS 66221 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	GERALD FREDERICK DIDDLE	10810 W 140TH TERRACE OVERLAND PARK, KS 66221 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>	
PNP			\$0.0000	250.00

Signed this 14 Day of October, 2024 at 6:16:01 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 GERALD F. DIDDLE

Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 1705573

Business Name: AXCET HR SOLUTIONS, INC.

Type: Domestic For-Profit Corporation

Jurisdiction: Kansas

was filed in this office on September 26, 1989, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof:
I affix my official certification seal.
Done at the City of Topeka,
on this day October 11, 2024.

A handwritten signature in cursive script that reads "Scott Schwab". The signature is written in black ink and is positioned above the printed name of the Secretary of State.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE

Certification Number: 423264-20241011 To verify the validity of this certificate please visit
<https://www.sos.ks.gov/eforms/BusinessEntity/CertifiedValidationSearch.aspx> and enter certificate number.