



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 WORK RIGHT NW, INC.

SECTION II

It is incorporated under the laws of State: WA 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 8/7/2014

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 280 MELROSE ST
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD., SUITE 200
City or Town: WARWICK State: RI Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is LEGALINC CORPORATE SERVICES INC.

SECTION VII

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

INJURY PREVENTION SERVICE

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	NICOLAS PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA
TREASURER	MINDY PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA

SECRETARY	MINDY PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA
DIRECTOR	MINDY PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA
DIRECTOR	NICOLAS PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 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	NICOLAS PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA
TREASURER	MINDY PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA
SECRETARY	MINDY PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA
DIRECTOR	MINDY PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 USA
DIRECTOR	NICOLAS PATEE	1500 BUTTE HILL RD WOODLAND, WA 98674 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 100.00

Signed this 21 Day of January, 2025 at 1:35:30 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 MINDY PATEE
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

WORK RIGHT NW, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/07/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/06/2024
UBI Number: 603 425 767



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital



Steve R. Hobbs, Secretary of State

Date Issued: 12/06/2024