



State of Rhode Island
Department of State - Business Services Division

Certificate of Authority

FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

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FOR
THE STATE

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
Affiliated Workers Association		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of:		
Arizona		
3. The date of its incorporation is:		
06/20/2013		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is:		
101 East Park Blvd #600, Plano, TX 75074		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town	State	Zip Code
Warwick	RHODE ISLAND	02888

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Nonprofit association providing members with professional, lifestyle and health resources and benefits.

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Neil Peterson	101 East Park Blvd #600, Plano, TX 75074
Director	Leslie Moore	101 East Park Blvd #600, Plano, TX 75074
Director	Joey Ray	101 East Park Blvd #600, Plano, TX 75074
President	Neil Peterson	101 East Park Blvd #600, Plano, TX 75074
Vice President	Leslie Moore	101 East Park Blvd #600, Plano, TX 75074
Treasurer		
Secretary	Joey Ray	101 East Park Blvd #600, Plano, TX 75074

Check the box to indicate an attachment ☐

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

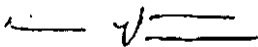
Type or Print Name of ☒ President OR ☐ Vice President

Neil Peterson

Date

1/10/2025

Signature of President OR Vice President



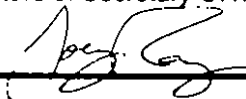
Type of Print Name of ☒ Secretary OR ☐ Assistant Secretary

Joey Ray

Date

1/21/2025

Signature of Secretary OR Assistant Secretary



TWO SIGNATURES ARE REQUIRED

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

AFFILIATED WORKERS ASSOCIATION

ACC file number: 18552390

was incorporated under the laws of the State of Arizona on 06/20/2013;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/20/2025



A handwritten signature in black ink, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director



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:

March 26, 2025 12:02 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

