



**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 MRO CORPORATION

SECTION II

It is incorporated under the laws of State: PA 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 3/21/2002

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 1000 MADISON AVENUE, SUITE 100

City or Town: NORRISTOWN

State: PA Zip: 19403 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is COGENCY GLOBAL INC.

SECTION VII

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

PROCESS MEDICAL RECORD REQUESTS FOR CLIENT HEALTHCARE PROVIDERS.

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	JASON BROWN CEO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
VICE PRESIDENT	NATHAN EASTMAN CFO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
TREASURER, VP CONTROLLER	JOHAN FLOSTRAND	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
DIRECTOR	JASON BROWN CEO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
DIRECTOR	NATHAN EASTMAN CFO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
DIRECTOR	JOHAN FLOSTRAND	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 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	JASON BROWN CEO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
VICE PRESIDENT	NATHAN EASTMAN CFO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
TREASURER, VP CONTROLLER	JOHAN FLOSTRAND	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
DIRECTOR	JASON BROWN CEO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
DIRECTOR	NATHAN EASTMAN CFO	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 USA
DIRECTOR	JOHAN FLOSTRAND	1000 MADISON AVENUE, SUITE 100 NORRISTOWN, PA 19403 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>	
CWP		VOTIN	\$0.0100	1,000.00

Signed this 15 Day of January, 2025 at 10:36:29 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 JOHAN FLOSTRAND
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: MRO CORPORATION
Request Type: Subsistence Certificate **Issuance Date:** January 14, 2025
Request No.: 049324942 **File No.:** 0003060570
Receipt No.: 001381088
Filing Type: Domestic Business Corporation
Filing Subtype: Business
Initial Filing Date: March 21, 2002
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

MRO CORPORATION

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written



Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



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:

January 15, 2025 10:35 AM

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

