



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 IPaul, Inc

**SECTION II**

It is incorporated under the laws of State: NH 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 11/23/2020

and the period of its duration is  Perpetual

**SECTION V**

The location of its principal office is

No. and Street: 6 MARA LANE  
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 6 MARA LANE  
City or Town: NORTH SMITHFIELD State: RI Zip: 02896

and the name of its proposed registered agent in Rhode Island at that address is IAN GREGORY

**SECTION VII**

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

**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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
PRESIDENT	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
TREASURER	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
TREASURER	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
SECRETARY	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
SECRETARY	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
DIRECTOR	IAN P GREGORY	PO BOX 971 SLATERSVILLE, RI 02976 USA
DIRECTOR	IAN P GREGORY	PO BOX 971 SLATERSVILLE, RI 02976 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).

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
PRESIDENT	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
TREASURER	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
TREASURER	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
SECRETARY	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
SECRETARY	IAN GREGORY	PO BOX 971 SLATERSVILLE, RI 02876 USA
DIRECTOR	IAN P GREGORY	PO BOX 971 SLATERSVILLE, RI 02976 USA
DIRECTOR	IAN P GREGORY	PO BOX 971 SLATERSVILLE, RI 02976 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:

			Total Authorized Shares

Class of Stock	Series of Stock	Par Value Per Share	Num of Shares
CNP			\$0.0000 100.00

**Signed this 16 Day of January, 2025 at 12:21:39 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 IAN GREGORY  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that IPAUL, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on November 23, 2020. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **856576**

Certificate Number: **0007003213**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 16th day of January A.D. 2025.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State



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 16, 2025 12:20 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

