RI SOS Filing Number: 202566163010 Date: 3/4/2025 11:12:00 AM



## State of Rhode Island Department of State - Business Services Division

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\*0% SECRETARY 25 \* 1610 (651 68 \*

## **Application for Amended Certificate of Authority** FOREIGN Business Corporation

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→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)

		ned foreign corporation hereby applies for an State of Rhode Island, and for that purpose submits			
1. Entity ID Number:	2. The name of the co	2. The name of the corporation is:			
000127275	Old Dominion F	Old Dominion Freight Line, Inc.			
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:			
Virginia		10/2002			
5. If the entity's name has state the new name:	changed,	Check box to indicate no change ✓			
6. The name, if different, v	vhich it elects to use in Rho				
above corporate endings  (b) If the corporate name corporation will transact b application:	for use in Rhode Island: is not available in Rhode Is usiness in Rhode Island as	f, then list the name of the corporation with the addition of one of the land, then set forth below the fictitious name under which the stated in the "Fictitious Business Name Statement" to be filed with this			
7. If the entity's purpose is transacted in the State of Rh	• •	llowing section: *The new purpose should include ALL activity to be			
Check the box to indicate	an attachment	Check box to indicate no change			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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FORM 151 - Revised: 3/2024

8. If there has been an increase in the authorized shares of the corporation complete the following section: *List ALL authorized shares as of this amendment.					
NUMBER OF SHARES	CLASS	SERIES PAR V	ALUE OR STATE NO PAR VALUE		
560,000,000 Common 2025 1:10 - 1: 1:11: 12					
Check the box to indicate	e an attachment	C	heck box to indicate no change		
of the corporation to be l	ocated within this state poration to be owned di	ortion that the estimated value of the proper during the following year bears to the valuring the following year, wherever located	lue 14		
8b. An estimate, as a pe be transacted by the corp the following year compa corporation during the fo	<u>.65                                    </u>				
9. As required by RIGL 7	-1.2-105, the corporati	on has paid all fees and taxes.			
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.					
11. Date when the Amended Certificate of Authority will be effective: CHECK ONE BOX ONLY					
Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
12. Under penalty of perjury, I declare and affirm that I have examined this Application for Amended Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.					
Name of Authorized Office	er of the Corporation		Date		
Clayton Brinker	02/25/2025				
Signature of Authorized of Aut	Officer				

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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 04, 2025 11:12 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

