



**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 Integrity Insurance & Bonding Inc

SECTION II

It is incorporated under the laws of State: OR 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 11/20/2018

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 9201 SE 91ST AVENUE
SUITE 220

City or Town: HAPPY VALLEY State: OR Zip: 97086 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD
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 CORPORATION SERVICE COMPANY

SECTION VII

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

SALES AND SERVICE OF PROPERTY & CASUALTY INSURANCE FOR BUSINESS AND INDIVIDUALS

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
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PRESIDENT	SETH T. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 USA
SECRETARY	ASHLEY C. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 USA
VICE PRESIDENT	ASHLEY C. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 USA
DIRECTOR	ASHLEY C. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPEY VALLEY, OR 97086 USA
DIRECTOR	SETH T. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 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	SETH T. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 USA
SECRETARY	ASHLEY C. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 USA
VICE PRESIDENT	ASHLEY C. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 USA
DIRECTOR	ASHLEY C. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPEY VALLEY, OR 97086 USA
DIRECTOR	SETH T. PIETSCH	9201 SE 91ST AVE, STE 220 HAPPY VALLEY, OR 97086 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 23 Day of April, 2025 at 5:34:41 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 SETH T. PIETSCH
Signature of Authorized Officer of the Corporation

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 5100870

I, TOBIAS READ, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

INTEGRITY INSURANCE & BONDING INC

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

*In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.*



TOBIAS READ, SECRETARY OF STATE

Issued Date: 4/16/2025



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.



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:

April 23, 2025 05:29 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

