RI SOS Filing Number: 202572682710 Date: 5/5/2025 2:31:00 PM



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## **Application for Certificate of Authority**

**FOREIGN Business Corporation** 

→ Filing Fee: \$310.00 minimum

2025 HAY -5 P 2:31

Pursuant to the provisions of <u>RIGL 7-1,2-1405</u> , the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement					
The name of the corporation is:					
Ironroad, INC					
It is incorporated under the laws of:     Ohio					
3. The name, if different, which it elects to use in Rhode Island is:					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) 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:					
4. The date of its incorporation is: 91/01/2020 12-8-2031					
And the period of its duration is: CHECK ONE BOX	ONLY				
Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
9435 Waterstone Blvd #250 Cincinnati, OH 45249					
6. The name and address of the initial registered agent/office in Rhode Island:					
Agent Name Corporation Service Company					
Street Address ( <u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services RI DOS MADE NON-SUBSTANTIVE EDITS

148 W. River Street. Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 0 5 2025

	•			
7. The purpose or purpose	oses which it proposes	to pursue in th	ne transaction o	of business in Rhode Island are:
	·			
Payroll and Human Res	source Services			
8. (a) The names and restate or country of whice	•	its directors (d	optional, unless	directors are required under the laws of the
NAME			ADDRESS	
William Southerland	11316 (	11316 Gideon Lane, Cincinnati OH 45249		
Roy F Smith	395 Old	395 Old Trail Road, Sanibel Island FI 33957		
9 (h) The annual and a		:	<b>6</b>	Check the box to indicate an attachment
of the state or country of			mcers (mandato	ory if directors are not required under the laws
OFFICE	NAME	·		ADDRESS
PRESIDENT	William Southerland		11316 Gideo	on Lane Cincinnati OH 45249
VICE PRESIDENT				
TREASURER				
SECRETARY				
				Check the box to indicate an attachment 🗸
<ol><li>The aggregate numb par value, and series, if</li></ol>		s authority to	issue; itemized	by classes, par value of shares, shares without
NUMBER OF SHARES	CLASS		SERIES	PAR VALUE OR STATE NO PAR VALUE
2	Common	NA —		
				<del></del>
		-		
40				
	during the following ye	ar bears to the	e value of all pro	e of the property of the corporation to be operty of the corporation to be owned during sheet.)
		,		
<u>"</u> " %				
at or from places of bus	iness in Rhode Island o	luring the follo	wing year com	business to be transacted by the corporation pared to the gross amount thereof which will be
transacted by the corpo	_	ing year. (Note	e Percentage o	bbtained from worksheet )

## , List of Officers for Ironroad

Title
Chief Executive Officer
Chief Operations Officer
Chief Financial Officer

Name William Southerland Amanda Holbrook Mary King Address 11316 Gideon Lane, Cincinnati OH 45249 2744 Boulder Dr Hamilton OH 45013 Waterstone Blvd, Suite 250 Cincinnati OH 45249

12. This application must be accompanied by a <u>Certificate of Goo</u> formation dated within 60 days of the date of this filing.	d Standing/Letter of Status from the state or country of	
13. Date when the Certificate of Authority will be effective: CHEC	K ONE BOX ONLY	
✓ Date received (Upon filing)		
Later effective date (Date must be no more than 90 days from the date of filing)		
14. Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.		
Type or Print Name of Authorized Officer	Date	
Maru Kina	05/01/2025	
Signature of Authorized Officer of the Corporation		
YU		

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show IRONROAD INC., an Ohio corporation, Charter No. 4785078, having its principal location in Cincinnati, County of Warren, was incorporated on December 8, 2021 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of May, A.D. 2025.

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**Ohio Secretary of State** 

Validation Number: 202512104246

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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:

May 05, 2025 02:31 PM

Gregg M. Amore Secretary of State

Treg M. Coure

