



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 JUL 18 PM 12:15:23

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number: 001791727		2. The name of the Corporation is: iXsystems, Inc	
3. The fictitious business name to be used is: TrueNAS			
4. The corporation is organized under the laws of: Delaware		5. The date of incorporation is: April 1, 2010	
6. The address of its registered office within Rhode Island is:			
Street Address 222 Jefferson Boulevard			
City Warwick		State RHODE ISLAND	Zip 02888
7. The business in which it is engaged: Manufacturer of Enterprise Storage			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
9. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.			
Name of Authorized Officer of the Corporation Kristy Mao			Date 07/14/2025
Signature of Authorized Officer of the Corporation <i>Kristy Mao, SVP CFO</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED *OK*
JUL 18 2025 1215
BY *OGX/T*

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.

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐

6. The name and address of each incorporator is:

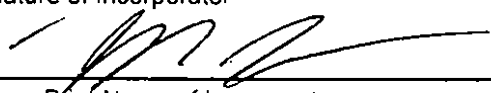
Name JOSEPH CORTE	Address 28 DOVER STREET	
City/Town PROVIDENCE	State RI	Zip Code 02908
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

7. Date when these Articles of Incorporation 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) _____

8. Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Incorporator JOSEPH CORTE	Date 7-18-25
Signature of Incorporator 	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	

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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:

July 18, 2025 12:15 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

