



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 *or*
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:

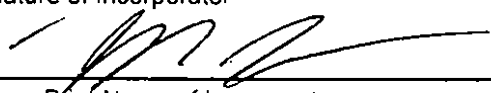
Name JOSEPH CORTE	Address 28 DOVER STREET	
City/Town PROVIDENCE	State RI	Zip Code 02908
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

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	

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.