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State of Rhode Island Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum



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:

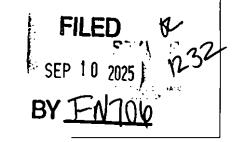
1. The name of the corporation is:						
ADDRESSUSA, INC.						
2. It is incorporated under the laws of: Arizona						
3. The name, if different, which it elects to use in Rhode Island is:						
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "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: 07/17/2025						
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:						
9160 East Bahia Drive, Suite 201, Scottsdale, AZ 85260						
6. The name and address of the initial registered agent/office in Rhode Island:						
Agent Name Corporate Creations Network Inc.						
Street Address (NOT a P.O. Box) 10 Dorrance Street #700						
City/Town Providence State RHODE ISLAND Zip Code 02903						

MAIL TO:

Division of Business Services

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

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



						
7. The purpose or purp	oses which it p	roposes to pu	ursue in the	e transaction of	f business in Rhode Island are:	
Real Estate Broker	age	•				
9 (a) The names and			innetare (e)	-Alamat uniono	disasters are required under the lowe of the	
state or country of which			irectors (or	ptional, unless	directors are required under the laws of the	
NAME		ADDRESS				
Heidi K Baldwin		9160 East Bahia Drive, Suite 201, Scottsdale, AZ 85260				
		-				
						
					,	
	<u> </u>	1			Check the box to indicate an attachment	
			rincipal offi	icers (mandato	ory if directors are not required under the laws	
	of which it is incorporated):			T	ADDRESS	
OFFICE PRESIDENT	_	NAME		 	ADDRESS	
FNESIDEIT	Heidi K Baldwin			9160 East Bahia Drive, Suite 201, Scottsdale, AZ 85260		
VICE PRESIDENT	Heidi K Baldwin			9160 East Bahia Drive, Suite 201, Scottsdale, AZ 85260		
TREASURER	Anthony J Giglio		9160 East Bahia Drive, Suite 201, Scottsdale, AZ 85260			
SECRETARY	Heidi K Baldwin			9160 East Ba	hia Drive, Suite 201, Scottsdale, AZ 85260	
					Check the box to indicate an attachment	
9. The aggregate numb par value, and series, i			thority to is	ssue; itemized	by classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	S		SERIES	PAR VALUE OR STATE NO PAR VALUE	
1000000	Common	1			No par value	
	-					
	-					
						
					e of the property of the corporation to be operty of the corporation to be owned during	
the following year, whe						
0 "	,					
" "	0					
11. An estimate, as a	percentage, of	the proportion	n of the gr	oss amount of	business to be transacted by the corporation	
					pared to the gross amount thereof which will be obtained from worksheet.)	
n	_	•	,	J	,	
<u> </u>	Ó					

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12. This application must be accompanied by a <u>Certificate of Go</u> formation dated within 60 days of the date of this filing.	ood Standing/Letter of Status from the state or country of
13. Date when the Certificate of Authority will be effective: CHE	CK ONE BOX ONLY
✓ Date received (Upon filing)	
Later effective date (Date must be no more than 90 days fr	om the date of filing)
14. Under penalty of perjury, I declare and affirm that I have exa any accompanying attachments, and that all statements contain	• • • • • • • • • • • • • • • • • • • •
Type or Print Name of Authorized Officer	Date
Heidi K. Baldwin	09/09/2025
Signature of Authorized Officer of the Corporation Signed by: Huidi & Baldwin	
FICIAL & DALAWIN	









Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

ADDRESSUSA, INC.

ACC file number: 23854573

was incorporated under the laws of the State of Arizona on 07/17/2025;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 08/15/2025

Douglas R. Clark, Executive Director

Angle R.Clark



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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:

September 10, 2025 12:32 PM

Gregg M. Amore Secretary of State

Treg M. Coure

