



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 Groundswell Solutions Inc

SECTION II

It is incorporated under the laws of State: MN Country: US

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 9/12/2025

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 202 N CEDAR AVE
STE #1

City or Town: OWATONNA State: MN Zip: 55060 Country: US

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 700 NARRAGANSETT PARK DR
STE 100

City or Town: PAWTUCKET State: RI Zip: 02861

and the name of its proposed registered agent in Rhode Island at that address is REGISTERED AGENTS INC

SECTION VII

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

ADMINISTRATIVE MANAGEMENT AND GENERAL MANAGEMENT CONSULTING SERVICES

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
PRESIDENT	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
TREASURER	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
SECRETARY	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
VICE PRESIDENT	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
DIRECTOR	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US

(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	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
TREASURER	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
SECRETARY	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
VICE PRESIDENT	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US
DIRECTOR	STEPHANIE JORANSON	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 US

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>	
CWP			\$1.0000	100.00

Signed this 30 Day of December, 2025 at 12:54:31 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 ROBIN JONES
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Groundswell Solutions Inc
Date Filed: 09/12/2025
File Number: 1578346600022
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 12/30/2025



Steve Simon
Secretary of State
State of Minnesota



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:

December 30, 2025 12:52 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

