



State of Rhode Island
 Department of State - Business Services Division

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 DEPT. OF BUS. DIV.
 JUN 28 2022
 P 1:03

Certificate of Authority
 FOREIGN Non-Profit Corporation
 → Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
CrossCountry Mortgage Foundation		
1a. The name, if different, which it elects to use in Rhode Island is:		
*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.		
2. It is incorporated under the laws of: Ohio		
3. The date of its incorporation is: 09/29/2018		
And the period of its duration is: CHECK ONLY ONE BOX		
<input checked="" type="checkbox"/> Perpetual (on-going)		
Date certain for dissolution _____		
4. The address of its principal place of business is:		
6850 Miller Road, Brecksville, Oh 44141		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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

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BY *[Signature]* ZBS6M

FORM 250 - Revised: 08/2020

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:
 Grantmaking and Giving Services

Check the box to indicate an attachment

7. The names and respective addresses of its directors and officers are:


OFFICE	NAME	ADDRESS
Director	Alex J. Ragon	6850 Miller Road, Brecksville, OH 44141
Director	Ron Leonhardt	6850 Miller Road, Brecksville, OH 44141
Director	Debbie Leonhardt	6850 Miller Road, Brecksville, OH 44141
President	Ron Leonhardt	6850 Miller Road, Brecksville, OH 44141
Vice President	Alex J. Ragon	6850 Miller Road, Brecksville, OH 44141
Treasurer		
Secretary	Debbie Leonhardt	6850 Miller Road, Brecksville, OH 44141

Check the box to indicate an attachment


8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of President OR Vice President Alex J. Ragon, Vice President	Date 5-10-2022
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Signature of President OR Vice President


Type or Print Name of Secretary OR Assistant Secretary Debbie Leonhardt, Secretary	Date 06/15/2022
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Signature of Secretary OR Assistant Secretary


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.

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 CROSSCOUNTRY MORTGAGE FOUNDATION, an Ohio not for profit corporation, Charter No. 4237529, having its principal location in Cleveland, County of Cuyahoga, was incorporated on September 29, 2018 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 10th day of May, A.D. 2022.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202213004486



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

June 28, 2022 01:03 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

