



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/16/2025	202534904182	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

BRIDGEWAY ACADEMY
1350 ALUM CREEK DRIVE
COLUMBUS, OH 43209

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose

5520995

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BRIDGEWAY ACADEMY

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

TRADE NAME REGISTRATION

202534904182

Effective Date: **12/15/2025**



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
16th day of December, A.D. 2025.

United States of America
State of Ohio
Office of the Secretary of State


Ohio Secretary of State

Form 534A Prescribed by:



Date Electronically Filed: 12/15/2025

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box

Trade Name
(167-RNO)

Date of first use:

12/3/2015
MM/DD/YYYY

Fictitious Name
(169-NFO)

BRIDGEWAY ACADEMY

Name being Registered or Reported

HELPING HANDS CENTER FOR SPECIAL NEEDS

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State):

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Education center for children with autism and other developmental disabilities.

Business address:

1350 ALUM CREEK DR.

Mailing Address

COLUMBUS

City

OH

State

43209

ZIP Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

HELPING HANDS CENTER FOR SPECIAL NEEDS

Signature

JAMI KELLER

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.