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2014 MAR -5 AM 10:07
SECRETARY OF STATE
CORPORATIONS DIV

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: **Financial Credit Service, Inc.**

2. The fictitious business name to be used is **Asset Recovery Associates**

3. The state or territory under the laws of which it is incorporated, organized or formed is **Illinois**

4. The date of incorporation, organization or formation is **09/17/2003**

5. If a business corporation, the address of its registered office within Rhode Island is **222 JeffersonBlvd. STE 200 Warwick, RI 02888**

6. If a business corporation, the business in which it is engaged **Debt Collection.**

7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: **02/25/2014**

Financial Credit Service, Inc.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

FILED
MAR 05 2014
By 49-219084
A.A. 10:07 A.M.

Form No. 624
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