Filing Fee: \$50.00 ID Number: <u>875.193</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

SECRETARY OF S CORPORATIONS

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. 1950 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 corporat	tion, limited	liability compar んと	ny or limited partnership is:	
2.	The fictitious business name to be used is	RE TIME	MONEY	MANAGURICNT	
3.	The state or territory under the laws of which it is in	ncorporate	d, organized or	formed is \mathcal{RI}	
	The date of incorporation, organization or formatio		1		
5.	If a business corporation, the address of its register		_		
6.	If a business corporation, the business in which it is	is engaged	<u>RETIRE ME</u>	ENT INCOME CONSULTING	
7.	Applicant is otherwise authorized to do business in				
		Under penalty of perjury, I declare that the information contain herein is true and correct.			
Dat	te:			n, Limited Liability Company or Limited Partnership	
	FILED FEB 0 4 2015 BY 1 (1)	_	1	ed Officer of the Corporation or ed Person for the Limited Liability Company or	
	11、リナ	Bv	· .		

Signature of Authorized Person for the Limited Partnership

Form No. 624 Revised: 12/05 I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

