

Filing Fee: \$50.00

ID Number: 162559



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2015 NOV - 6 AM 10:39

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: **Nationwide Biweekly Administration, Inc.**
2. The fictitious business name to be used is **Standard Payment Processing**
3. The state or territory under the laws of which it is incorporated, organized or formed is **Ohio**
4. The date of incorporation, organization or formation is **June 10, 2002**
5. If a business corporation, the address of its registered office within Rhode Island is **222 Jefferson Blvd. Suite 200, Warwick RI 02888**
6. If a business corporation, the business in which it is engaged **Provision of a biweekly interest savings program.**
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: _____

Nationwide Biweekly Administration, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

10:39 AM
FILED
NOV 06 2015
By 260583
KM

By _____
Signature of Authorized Officer of the Corporation

By _____
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership