State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
	Lighthouse Network, LLC

3. The fictitious business name to be used is:

CurvePay

4. The state or country the entity is formed is:	5. The date of formation is:
Delaware	March 25, 2014

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

Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.

Name of Applicant Limited Liability Company	Date
Lighthouse Network, LLC	October 3, 2017

Signature of Authorized Person

By: _____
Jordan R. Frankel, Manager

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

FILED
OCT 06 2017 10:52
BY CU 314340

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.