

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

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Pursuant to the provisions of RIGL <u>7-16-9</u> 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				
000900526	US TAX RECOVERY PARTNERS, LLC				
3. The fictitious business name to be used is:					
US COST MANAGEMENT PARTNERS					
4. The state or country the entity is formed is:		5. The date of forma	5. The date of formation is:		
TEXAS		07/13/2010	07/13/2010		
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		
US Tax Recovery Partners, LLC			10/30/2017		
Signature of Authorized Person Auto Van Burensentingen Auto Van Buren					

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

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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.



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

November 06, 2017 01:13 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

