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 SECRETARY OF STATE
 CORPORATIONS DIV
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Fictitious Business Name Statement
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation 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 <input checked="" type="checkbox"/> 001682788	2. Exact Name of the Corporation <input checked="" type="checkbox"/> Better Mortgage Corporation	
3. List the fictitious business name to be used: <input checked="" type="checkbox"/> Better Finance		
4. List the state or country the entity is incorporated: <input checked="" type="checkbox"/> California	5. List the date of incorporation: <input checked="" type="checkbox"/> 3/26/2018	
6. List the address of its registered office within Rhode Island: <input checked="" type="checkbox"/> Street Address 450 Veterans Memorial Parkway Suite 7A		
City East Providence	State RHODE ISLAND	Zip 02914
7. List the business in which it is engaged: <input checked="" type="checkbox"/> Residential Mortgage Lending		
8. 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. <input checked="" type="checkbox"/>		
Name of Authorized Officer of the Corporation Jerome J. Selitto, President	Date 4/4/18	
Signature of Authorized Officer of the Corporation 		

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.