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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 <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

1. Entity ID Number 2. Exact Name of the Limited Liability Company  E Movtgage Management, LLC.	
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tity is formed is:	5. The date of formation is:
y	8/21/2002
orized to do business in the state	te of Rhode Island.
leclare and affirm that I have e perein is true and correct.	examined this Fictitious Business Name State and that
ability Company	Date
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Milale	
	E Movingage e to be used is:  MCIAL  tity is formed is:  porized to do business in the state of

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 2:35

FILED

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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.rl.gov.

FORM 624 LLC - Revised 06/2016

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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:

July 11, 2018 02:35 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

