



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

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:		
MCLP Asset Company, Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is:		
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 01/25/2016		
And the period of its duration is: CHECK ONE BOX ONLY		
☒ Perpetual (on-going) ☐ Date certain for dissolution _____		
5. The address of its principal office is:		
200 WEST STREET, NEW YORK, NY 10282		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name		
C T Corporation System		
Street Address (NOT a P.O. Box)		
450 Veterans Memorial Parkway, Suite 7A		
City/Town	State	Zip Code
East Providence	RHODE ISLAND	02914

FILED ✓

OCT 25 2018 1:40

BY CA M47M9

MAIL TO:

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

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Investor in various real estate, consumer loans, and retail sales contract transactions.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
See Attachment Exhibit A	

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT		
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
SEE ATTACHMENT	Exhibit B		

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

JULIE ABRAHAM HAUSEN

Date

OCT 22, 2018

Signature of Authorized Officer of the Corporation

Julie Abraham Hausen

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.

FORM 150 - Revised 12/2017

MCP ASSET COMPANY, INC.

List of officers and directors*

Role	Name
Assistant Secretary	Hausen, Julie
Assistant Secretary	Josselyn, Kenneth L
Assistant Secretary	Tropp, Matthew E
Assistant Secretary	Wadhwani, Tejal
Assistant Treasurer	Bunson, Steven M
Assistant Treasurer	Chin, Getty
Assistant Treasurer	Imohiosen, Kirsten A
Assistant Treasurer	White Jr., James J
Director	Kelsey, Jane M
Director	Saireddy, Maheshwar
President	Saireddy, Maheshwar
Secretary	Saireddy, Maheshwar
Treasurer	Kelsey, Jane M
Vice President	Bach, Stanley
Vice President	Dente, Michael
Vice President	Hill, Sarah
Vice President	Kamilla, Rajiv K
Vice President	Madhavan, Manju V
Vice President	Moffitt, Steven R
Vice President	Resnick, Vanessa

*Address for those listed above is 200 WEST STREET, NEW YORK, NY, 10282

Exhibit B

MCLP ASSET COMPANY, INC.

	Number of Shares	Class	Par Value
Authorized	100	Common	1.00
Issued	10	Common	1.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MCLP ASSET COMPANY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5946660 8300

SR# 20187302086

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203674644

Date: 10-24-18



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:

October 25, 2018 01:40 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

