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**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

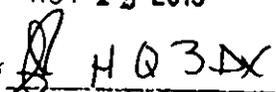
Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 001700555	2. Exact Name of the Limited Liability Company CrossCountry Mortgage, LLC	
3. The fictitious business name to be used is: CrossCountry Mortgage		
4. The limited liability company is organized under the laws of: Delaware		5. The date of formation is: 01/05/2012
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>		
Name of Applicant Limited Liability Company CrossCountry Mortgage, LLC		Date 11/11/2019
Signature of Authorized Person  SIGN DOCUMENT HERE Donna Peterson-Riggs, Secretary		

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

**FILED**

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BY  **STAMP**

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](mailto:corporations@sos.ri.gov).