



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

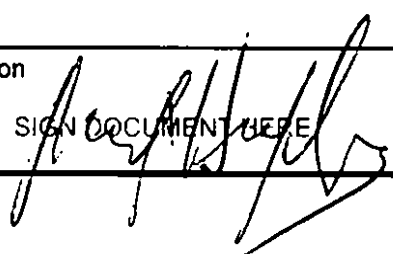
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 SECRETARY OF STATE  
 CORPORATIONS DIV

2019 NOV 13 AM 10:27

**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 <b>000507119</b>		2. Exact Name of the Corporation <b>Automated Collection Services, Inc</b>	
3. The fictitious business name to be used is: <b>RentDebt</b>			
4. The corporation is organized under the laws of: <b>Tennessee</b>		5. The date of incorporation is: <b>6/8/1988</b>	
6. The address of its registered office within Rhode Island is: Street Address <b>Incorp Services, 222 Jefferson Boulevard, STE 200</b>			
City <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02888</b>
7. The business in which it is engaged: <b>Collection Agency</b>			
8. 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 Authorized Officer of the Corporation <b>Robert Duffy, CEO</b>			Date <b>11/11/2019</b>
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE			

**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 **38NKL6**

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

FORM 624A Corporation - Revised: 11/2017



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 13, 2019 10:27 AM

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*

