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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
146 W. River Street  
Providence, Rhode Island 02904-2615

APPLICATION FOR  
RESERVATION OF ENTITY NAME

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island 1956 as amended)

AMERICAN CAPITAL CORPORATION

(Name to be Reserved)

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

(Check One Only)

- |  |                         |
|--|-------------------------|
| <input checked="" type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | Filing Fee<br>(\$50.00) |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.                         | (\$50.00)               |
| <input type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended.           | (\$50.00)               |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.                 | (\$20.00)               |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer executed by the applicant for whom the name was reserved specifying the name and address of the transferee, and paying the appropriate fee.

Name and Address of Applicant:

Harry Hojoiian  
301 Metro Center Blvd Suite 101  
Warwick, RI 02886

Under penalty of perjury I declare and affirm that the information contained herein is true and correct.

Submitted by

[Signature]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address, if different from above)

Date: 5/30/2020

Form No 670  
Revised 12/05

FILED

JUN 01 2020

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BY [Signature] N5K89

JOANNE A. PACHECO  
my commission expires  
04/30/21  
Joanne A Pacheco