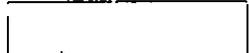




State of Rhode Island
Department of State - Business Services Division



Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 11 P 1:03

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: First-Citizens Bank & Trust Company		
2. It is incorporated under the laws of: North Carolina		
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: 11/30/1982 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 4300 Six Forks Road, Raleigh, NC 27609		
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: East Providence	State: RHODE ISLAND	Zip Code: 02914

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3043
Website: www.sos.ri.gov

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BY CU 15CBR
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Finance

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
Frank B. Holding, Jr.	4300 Six Forks Road, Raleigh, NC 27609
Hope H. Bryant	4300 Six Forks Road, Raleigh, NC 27609

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	Peter M. Bristown	4300 Six Forks Road, Raleigh, NC 27609
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
100,000	Common	N/A	100

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.)

0.0000048 %

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.)

0.0 %

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:

Carrie V. McMillan, SVP

Date

05/04/21

Signature of Authorized Officer of the Corporation

Carrie V. McMillan



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

FIRST-CITIZENS BANK & TRUST COMPANY

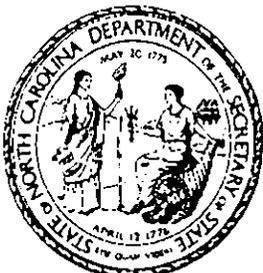
is a bank duly incorporated under Chapter 53 and Chapter 55 of the North Carolina General Statutes, having been incorporated on the 30th day of November, 1982 with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the articles of incorporation of First-Citizens Bank & Trust Company not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of March, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online