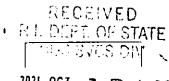
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Fictitious Business Name Statement

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: 2. The name of the Limited Liability Company is: 1. Entity ID Number: Merchants Credit Guide Company 000155370 3. The fictitious business name to be used is: MCG 5. The date of formation is: 4. The state or country the entity is formed is: 06/28/1899 ΙL 6. Applicant is otherwise authorized to do business in the state of Rhode Island. 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. Date Name of Applicant Limited Liability Company (0/1/2021 Merchants Credit Guide Company Signature of Authorized Pers PRESIDENT

MAIL TO:

Division of Business Services 148 W. River Street, Providenco, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED
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1:00

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 624B LLC - Revised: 08/2020

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
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 07, 2021 01:00 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

