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R.I. DEPT. OF STATE
BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2021 OCT 18 P 1:59

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: ~~550.00~~ *No Fee*

Pursuant to the provisions of RIGL ~~7-1.2-105~~ the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 000155370	2. The name of the corporation is: Merchants Credit Guide Company
3. The document to be corrected is: Fictitious Business Name Statement	4. The date the document being corrected was originally filed: 10/07/2021
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: The Fictitious Business Name Statement was filed using the form for a Limited Liability Company. <p style="text-align: right;">Check the box to indicate an attachment</p>	
6. The new corrected portion of the document states as follows: The Fictitious Business Name Statement is filed using the form for a Corporation. <p style="text-align: right;">Check the box to indicate an attachment</p>	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

MAIL TO:

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

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BY *CK 1:59*

<i>Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer of the Corporation DANIEL F. BARTIS	Date 10/12/21
Signature of Authorized Officer of the Corporation [Handwritten Signature] - President	

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 113 - Revised 08/2020

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State of Rhode Island
Department of State - Business Services Division

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:

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1. Entity ID Number: 000155370	2. The name of the Corporation is: Merchants Credit Guide Company	
3. The fictitious business name to be used is: MCG		
4. The corporation is organized under the laws of: IL	5. The date of incorporation is: 06/28/1899	
6. The address of its registered office within Rhode Island is:		
Street Address 450 Veterans Memorial Parkway, Suite 7A		
City East Providence	State RHODE ISLAND	Zip 02914
7. The business in which it is engaged: deb: collections		
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 DANIEL F. BURTIS		Date 10/12/21
Signature of Authorized Officer of the Corporation <i>[Signature]</i> - PRESIDENT		

MAIL TO:
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BY Ch 1:59

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 624A Corporation - Revised 08/2020



State of Rhode Island
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,
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 18, 2021 01:59 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

