RI SOS Filing Number: 202105549600 Date: 11/30/2021 11:53:00 AM



State of Rhode Island and Providence Plantations

## 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 <u>7-1.2-402</u>, 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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7. List the business in which it is engaged: Residential Mortgage Origination 1-4 Family.  8. 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 State are the information contained herein is true and correct.  Name of Authorized Officer of the Corporation  Date	ctitious business name:			্			
List the fictitious business name to be used:    Comparison	. Entity ID Number	2. Exact Name of the Corp	2. Exact Name of the Corporation				
List the state or country the entity is incorporated:  5. List the date of incorporation:  6. List the address of its registered office within Rhode Island:  6. List the address of its registered office within Rhode Island:  6. List the address 450 Veterans Memorial Parkway Ste 7A  6. List the business Memorial Parkway Ste 7A  7. List the business in which it is engaged:  7. List the business in which it is engaged:  8. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State are the information contained herein is true and correct.  Name of Authorized Officer of the Corporation  6. Date 11/29/2021	001699216	NP, Inc.	NP, Inc.				
List the state or country the entity is incorporated:  6. List the address of its registered office within Rhode Island:  6. List the address of its registered office within Rhode Island:  6. List the address of its registered office within Rhode Island:  6. List the address of its registered office within Rhode Island:  6. List the address of its registered office within Rhode Island:  6. List the business of its registered office within Rhode Island:  7. List the business in which it is engaged:  8. RHODE ISLAND  7. List the business in which it is engaged:  8. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Date introduced of the Corporation is true and correct.  9. Same of Authorized Officer of the Corporation introduced of Authorized Officer of the Corporation introduced intro	3. List the fictitious busine	ess name to be used:		<del></del>			
Elorida  6. List the address of its registered office within Rhode Island:  Street Address 450 Veterans Memorial Parkway Ste 7A  City  East Providence  C. List the business in which it is engaged: Residential Mortgage Origination 1-4 Family.  8. 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 State are the information contained herein is true and correct.  Name of Authorized Officer of the Corporation  Contained of Authorized Officer of the Corporation	illa Home Loans						
Street Address 450 Veterans Memorial Parkway Ste 7A  City East Providence RHODE ISLAND  State RHODE ISLAND  T. List the business in which it is engaged: Residential Mortgage Origination 1-4 Family.  S. 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 State are the information contained herein is true and correct.  Name of Authorized Officer of the Corporation  Anthony Acquaviva  Signature of Authorized Officer of the Corporation	List the state or countr	y the entity is incorporated:	5. List the date of incorpora	the date of incorporation:			
East Providence  State RHODE ISLAND  State RHODE ISLAND  City East Providence  C. List the business in which it is engaged: Residential Mortgage Origination 1-4 Family.  S. Applicant is otherwise authorized to do business in the state of Rhode Island.  Conder penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State are the information contained herein is true and correct.  Name of Authorized Officer of the Corporation  Signature of Authorized Officer of the Corporation  Signature of Authorized Officer of the Corporation	lorida		06/24/1996				
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Anthony Acquaviva  Signature of Authorized Officer of the Corporation			ave examined this Fictitious Bu	siness Name State and that			
Signature of Authorized Officer of the Corporation	Name of Authorized Officer of the Corporation			Date			
	Anthony Acquaviva			11/29/2021			
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

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## State of Florida Department of State

I certify from the records of this office that NP, INC. is a corporation organized under the laws of the State of Florida, filed on June 24, 1996.

The document number of this corporation is P96000054145.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 28, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-ninth day of November, 2021



RAUNULYRU
Secretary of State

Tracking Number: 5241391801CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

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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:

November 30, 2021 11:53 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

