



State of Rhode Island
Department of State - Business Services Division


REC'D RIDGS BSD
24 JAN 16 PM 1:03:25

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.

1. Entity ID Number: 000147567		2. The name of the Corporation is: Sarma Collections, Inc.	
3. The fictitious business name to be used is: SCI			
4. The corporation is organized under the laws of: Texas		5. The date of incorporation is: 05/13/1988	
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: Debt Collection			
8. 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 Statement and that the information contained herein is true and correct.			
Name of Authorized Officer of the Corporation Angela Butera			Date 1/9/24
Signature of Authorized Officer of the Corporation 			

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

JAN 16 2024

BY Y7 X8J

AR

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.

RECEIVED
24 JAN 16 PM 1

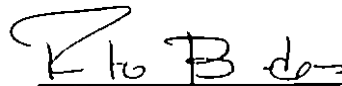
Collectors Insurance Agency, Inc.
Power of Attorney

NOTICE IS HEREBY GIVEN THAT Sarma Collections, Inc. ("Entity") an entity organized under the laws of Texas does hereby appoint, Angela Butera, Kris Nielsen, Kristina Warmka while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the 7th day of Dec, 2023



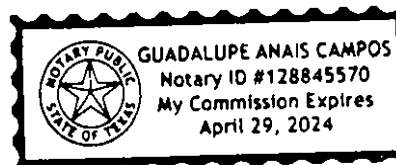
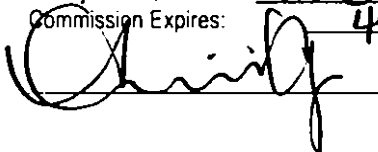
Signature of Authorized Entity Representative

Roberto Benavides, President/CEO/Director

Print Name and Title

Sworn to and subscribed before me
this 7th of Dec, 2023

Notary Public, State of Texas
Commission Expires: 4-29-2024





State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 16, 2023 01:03 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

