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State of Rhode Island

Department of State - Business Services Division

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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:

notitious publicas nume				
1. Entity ID Number:	2. The name of the Corporation	n is:		
000147567	Sarma Collections, In-	C.		
3. The fictitious business nam	ie to be used is:			
Sarma				
The corporation is organized under the laws of:		5. The date of incorporation is:		
Texas		05/13/1988		
6. The address of its registere	ed office within Rhode Island is:			
Street Address 450 Veterans Memorial Parkway, Suite 7A				
City East Providence		State RHODE ISLAND	Z _{IP} 02914	
7. The business in which it is	engaged:			
Debt Collection				
8. Applicant is otherwise authorise	orized to do business in the stat	e of Rhode Island.		
Under penalty of perjury, I dinformation contained herein in	declare and affirm that I have ex is true and correct.	amined this Fictitious Business	Name Statement and that the	
Name of Authorized Officer of	the Corporation		Date	
Angela Butera			1/9/24	
Signature of Authorized Office	r of the Corporation			
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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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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.

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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-infact 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 Hay of Loc., 2025
	Signature of Authorized Entity Representative
	Roberto Benavides, President/CEO/Director
	Print Name and Title
	Sworn to and subscribed before me this
1	Notary Public, State of 1749 Commission Expires: Guadalupe anals Campos Notary ID #128845570

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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, 2024 01:03 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

