

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

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## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

ictitious business name:			
Entity ID Number:	2. The name of the Corporation is:		
001779494	System Pay Services (US), Inc.		
3. The fictitious business	name to be used is:	· · · · · · · · · · · · · · · · · · ·	
BVNK			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
Delaware		09-23-2024	
6. The address of its regi	stered office within Rhode Islan	nd is:	
Street Address 450 Veteran	s Memorial Parkway, Suite 7A		
City		State	Zip
East Providence		RHODE ISLAND	02914
7. The business in which	it is engaged:		
Money Services Provider			

Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the

MAIL TO:

**Division of Business Services** 

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

information contained herein is true and correct. Name of Authorized Officer of the Corporation

Signature of Authorized Officer of the Corporation

BENJAMIN CLAY REYNOLDS, PRESIDENT

Benjamin Clay Reynolds - 07290584F3CB479

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

Date

10/08/2024

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.

8. Applicant is otherwise authorized to do business in the state of Rhode Island.