



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 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:<br><b>1786442</b>                                                                                                                                        |                              | 2. The name of the Corporation is:<br><b>The Turnkey Foundation Inc.</b> |  |
| 3. The fictitious business name to be used is:<br><b>Arbor Financial Group</b>                                                                                                |                              |                                                                          |  |
| 4. The corporation is organized under the laws of:<br><b>California</b>                                                                                                       |                              | 5. The date of incorporation is:<br><b>1/21/2004</b>                     |  |
| 6. The address of its registered office within Rhode Island is:<br>Street Address <b>222 Jefferson Boulevard, Suite 200</b>                                                   |                              |                                                                          |  |
| City<br><b>Warwick</b>                                                                                                                                                        | State<br><b>RHODE ISLAND</b> | Zip<br><b>02888</b>                                                      |  |
| 7. The business in which it is engaged:<br><b>Residential Mortgage Lending</b>                                                                                                |                              |                                                                          |  |
| 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<br><b>David Arvidson</b>                                                                                                        |                              | Date<br><b>2/21/2025</b>                                                 |  |
| Signature of Authorized Officer of the Corporation<br><i>David Arvidson</i>                                                                                                   |                              |                                                                          |  |

**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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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](mailto:corporations@sos.ri.gov).



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:

March 06, 2025 01:03 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

