



**State of Rhode Island**  
**Department of State - Business Services Division**

## Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

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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>001682108</b>                                                                                                                                      |  | 2. The name of the Corporation is:<br><b>Currencies Direct Inc</b> |                           |
| 3. The fictitious business name to be used is:<br><b>Redpin Payments</b>                                                                                                      |  |                                                                    |                           |
| 4. The corporation is organized under the laws of:<br><b>Delaware</b>                                                                                                         |  | 5. The date of incorporation is:<br><b>2007-09-10</b>              |                           |
| 6. The address of its registered office within Rhode Island is:<br>Street Address <b>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</b>                                              |  |                                                                    |                           |
| City <b>East Providence</b>                                                                                                                                                   |  | State<br><b>RHODE ISLAND</b>                                       | Zip<br><b>02914</b>       |
| 7. The business in which it is engaged:<br><b>Financial Services</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>Simon Plumb</b>                                                                                                           |  |                                                                    | Date<br><b>2025-07-15</b> |
| Signature of Authorized Officer of the Corporation<br><i>Simon Plumb</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](http://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:

July 25, 2025 10:39 AM

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

Gregg M. Amore  
*Secretary of State*

