

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

## RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

## **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:

| 1. Entity ID Number:  001682108  2. The name of the Corporation is:  Currencies Direct Inc  3. The fictitious business name to be used is:  Redpin Payments  4. The corporation is organized under the laws of:  Delaware  5. The date of incorporation is:  2007-09-10  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: Financial Services  8. Applicant is otherwise authorized to do business in the state of Rhode Island.  9. Under penalty of perjury, I declare and effirm 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  Simon Plumb  Signature of Authorized Officer of the Corporation  Signature of Authorized Officer of the Corporation  Signature of Authorized Officer of the Corporation | ilcullous business name:   |                                    | •                                |                      |  |
|---|--|------------------------------------|----------------------------------|----------------------|--|
| 3. The fictitious business name to be used is:  Redpin Payments  4. The corporation is organized under the laws of:  Delaware  5. The date of incorporation is:  2007-09-10  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  7. The business in which it is engaged: Financial Services  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  Simon Plumb  Signature of Authorized Officer of the Corporation   | Entity ID Number:  | 2. The name of the Corporation is: |                                  |                      |  |
| 4. The corporation is organized under the laws of:  Delaware  5. The date of incorporation is:  2007-09-10  6. The address of its registered office within Rhode Island is:  Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A  City East Providence  7. The business in which it is engaged: Financial Services  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  Signature of Authorized Officer of the Corporation  | 001682108  | Currencies Direct Inc              |                                  |                      |  |
| 4. The corporation is organized under the laws of:  Delaware  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  7. The business in which it is engaged: Financial Services  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  Signature of Authorized Officer of the Corporation  | 3. The fictitious business name to be used is:                                 |                                    |                                  |                      |  |
| Delaware 2007-09-10  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 2 02914  7. The business in which it is engaged: Financial Services  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  Signature of Authorized Officer of the Corporation  | Redpin Payments  |                                    |                                  |                      |  |
| 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: Financial Services  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  Simon Plumb  Signature of Authorized Officer of the Corporation  | 4. The corporation is organized under the laws of:                             |                                    | 5. The date of incorporation is: |                      |  |
| City East Providence  State RHODE ISLAND  7. The business in which it is engaged: Financial Services  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  Simon Plumb  Signature of Authorized Officer of the Corporation  | Delaware   |                                    | 2007-09-10                       |                      |  |
| City East Providence  State RHODE ISLAND  Zip 02914  7. The business in which it is engaged: Financial Services  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  Simon Plumb  Signature of Authorized Officer of the Corporation   | 6. The address of its registered office within Rhode Island is:                |                                    |                                  |                      |  |
| 7. The business in which it is engaged: Financial Services  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  Simon Plumb  Signature of Authorized Officer of the Corporation  | Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A                         |                                    |                                  |                      |  |
| 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  Simon Plumb  Signature of Authorized Officer of the Corporation  | City<br>East Providence  |                                    | 1                                | <sup>Zip</sup> 02914 |  |
| 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  Simon Plumb  Signature of Authorized Officer of the Corporation   |  |                                    |                                  |                      |  |
| information contained herein is true and correct.  Name of Authorized Officer of the Corporation  Simon Plumb  Signature of Authorized Officer of the Corporation  Date  2025-07-15   | Applicant is otherwise authorized to do business in the state of Rhode Island. |                                    |                                  |                      |  |
| Simon Plumb 2025-07-15 Signature of Authorized Officer of the Corporation   |  |                                    |                                  |                      |  |
| Signature of Authorized Officer of the Corporation  | Name of Authorized Officer of the Corporation                                  |                                    |                                  | Date                 |  |
|   | Simon Plumb  |                                    |                                  | 2025-07-15           |  |
| Simon Plumb   | 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