Filing Fee: \$50.00 ID Number: 145123



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	•	name of the applicant business corporation, limited liability company or limited partnership MSP, Inc.	is:	
2.	The fictitio	us business name to be used is Ensemble Chimes Global		
3.		or territory under the laws of which it is incorporated, organized or formed is California	2007	
4.	The date	of incorporation, organization or formation is November 15, 2004	SEP	
5.	If a busine	ess corporation, the address of its registered office within Rhode Island is		<u> </u>
	107 1	DANIELSON PIKE SCITUATE RI 02857	- 5	č.
6.	If a busine	ess corporation, the business in which it is engaged Payroll and benefits processing.	0.4	-
				()
	Applicant	is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the info herein is true and correct.	ormation o	contained
	0012712	Under penalty of perjury, I declare that the info	ormation o	contained
	ate: 08/27/2	Under penalty of perjury, i declare that the info herein is true and correct.		
	ate: 08/27/2	Under penalty of perjury, I declare that the information is true and correct. Diversity MSP, Inc. Name of Applicant Corporation, Limited Liability Company	or Limited F	
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	ate: 08/27/2	Under penalty of perjury, I declare that the information is true and correct. Diversity MSP, Inc. Name of Applicant Corporation, Limited Liability Company Signature of Authorized Officer of the Corporation or	or Limited F	Partnership
De la	ate: 08/27/2	Under penalty of perjury, I declare that the information is true and correct. Diversity MSP, Inc. Name of Applicant Corporation, Limited Liability Company By Signature of Authorized Officer of the Corporation.	or Limited F	Partnership
•	ate: 08/27/2	Under penalty of perjury, I declare that the information is true and correct. Diversity MSP, Inc. Name of Applicant Corporation, Limited Liability Company Signature of Authorized Officer of the Corporation or By Signature of Authorized Person for the Limited or	or Limited F	Partnership
De	ate: 08/27/2	Under penalty of perjury, I declare that the information is true and correct. Diversity MSP, Inc. Name of Applicant Corporation, Limited Liability Company Signature of Authorized Officer of the Corporation or Signature of Authorized Person for the Limited Signature of Authorized Person for the Limited	or Limited F	Partnership



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

