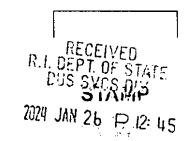
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## **Application for Amended Certificate of Authority** FOREIGN Business Corporation

→ Filing Fee: \$75.00 (\$235 for an increase in authorized shares)



		gned foreign corporation hereby applies for an e State of Rhode Island, and for that purpose submits
1. Entity ID Number:	2. The name of the c	corporation is:
000104897	Aon Consulting	g, Inc.
3. It is incorporated under the laws of:		4. List the date the Certificate of Authority was issued by the RI Department of State:
New Jersey		2/12/1999
5. If the entity's name has state the new name:	changed,	
		Check box to indicate no change 🗹
6. The name, if different, v	vhich it elects to use in Rh	ode Island is:
above corporate endings  (b) If the corporate name corporation will transact b application:	for use in Rhode Island: is not available in Rhode Is usiness in Rhode Island as	of, then list the name of the corporation with the addition of one of the sland, then set forth below the fictitious name under which the is stated in the "Fictitious Business Name Statement" to be filed with this collowing section: "The new purpose should include ALL activity to be
transacted in the State of Rh		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

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.

**FILED** 

JAN 2 6 2024

12:45

FORM 151 - Revised: 12/2021

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
10,000	Common	None	\$.01
Check the box to indicate	e an attachment		Check box to indicate no change
of the corporation to be li	ocated within this sta oration to be owned	portion that the estimated value of the during the following year bears to during the following year, wherever	the value
be transacted by the corp the following year compa	poration at or from planed to the gross amo	portion of the gross amount of busing aces of business in Rhode Island dispunt thereof which will be transacted percentage obtained from workshee	uring 0.1285 %
			Check box to indicate no change
40. 4			
10. As required by RIGL	7-1,2-105, the corpo	ration has paid all fees and taxes.	<del>.</del> .
11. Except as herein mo	dified, the original Ap		continues in full force and effect and is Amended Certificate of Authority.
11. Except as herein mod hereby confirmed, ratified	dified, the original Ap d and incorporated b	plication for Certificate of Authority	Amended Certificate of Authority.
11. Except as herein mode hereby confirmed, ratified 11. Date when the Amen	dified, the original Ap d and incorporated by ded Certificate of Au	plication for Certificate of Authority of reference into this Application for a	Amended Certificate of Authority.
11. Except as herein mode hereby confirmed, ratified 11. Date when the Amen Date received (Upon	dified, the original Apd and incorporated by ded Certificate of Auton filing)	plication for Certificate of Authority of reference into this Application for a	Amended Certificate of Authority.  E BOX ONLY
11. Except as herein more hereby confirmed, ratified 11. Date when the Amen Date received (Upon Later effective date Under penalty of perjury,	dified, the original Apd and incorporated by ded Certificate of Auton filing)  (Date must be no model declare and affirm	plication for Certificate of Authority of y reference into this Application for a thority will be effective: CHECK ON one than 90 days from the date of filing	Amended Certificate of Authority.  E BOX ONLY  ng)  n for Amended Certificate of Authority,
11. Except as herein mornereby confirmed, ratified 11. Date when the Amen  Date received (Upor  Later effective date  Under penalty of perjury, including any accompan	dified, the original Apd and incorporated by ded Certificate of Auton filing)  (Date must be no model to declare and affirm ying attachments, and	plication for Certificate of Authority of reference into this Application for a thority will be effective: CHECK ON one than 90 days from the date of fill that I have examined this Application of that all statements contained here	Amended Certificate of Authority.  E BOX ONLY  ng)  n for Amended Certificate of Authority,
11. Except as herein more hereby confirmed, ratified 11. Date when the Amen Date received (Upon Later effective date Under penalty of perjury,	dified, the original Apd and incorporated by ded Certificate of Auton filing)  (Date must be no model to declare and affirm ying attachments, and	plication for Certificate of Authority of reference into this Application for a thority will be effective: CHECK ON one than 90 days from the date of fill that I have examined this Application of that all statements contained here	Amended Certificate of Authority.  E BOX ONLY  ng)  In for Amended Certificate of Authority, win are true and correct.

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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:

January 26, 2024 12:45 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

