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## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$50.00

ursuant to the provisions of R ne following statement for auth ctitious business name:	IGL <u>7-1,2-402</u> , the undersigned nority to transact business in the	business corporation hereby su state of Rhode Island under a	ibmits
1. Entity ID Number:	2. The name of the Corporation is:		
001668419	Gallagher Affinity Insurance Services, Inc.		
3. The fictitious business nam	e to be used is:		
INSURE FITNESS GROUP			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
Illinois		08/11/2016	
6. The address of its registere	ed office within Rhode Island is:		
Street Address 450 Veterans Me	morial Parkway, Suite 7A		
City East Providence		State RHODE ISLAND	Zip 02914
7. The business in which it is	engaged:	·	
Insurance Agency, Marketing an	d Brokerage		
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
Under penalty of perjury, I de information contained herein	clare and affirm that I have examing true and correct.	mined this Fictitious Business N	ame Statement and that the
Name of Authorized Officer of the Corporation			Date
Gallagher Affinity Insurance Services, Inc.			04/11/2024
Signature of Authorized Office	er of the Corporation  KARA KOROSEC, SECRETARY		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 15 2024

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.

FORM 624A Corporation - Revised: 08/2020

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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:

April 15, 2024 01:58 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

