RI SOS Filing Number: 202451463470 Date: 4/17/2024 1:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

REC'D RIDOS BSD '24 APR 17 PH1:00:12

he following statement for ictitious business name:	authority to transact business if	n the state of Rhode Island under a		
1. Entity ID Number:	2. The name of the Corpor	2. The name of the Corporation is:		
001668419	Gallagher Affinity Insurance	Gallagher Affinity Insurance Services, Inc.		
3. The fictitious business	name to be used is:			
CHIROPRACTIC ECONO	MICS			
4. The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:	
Illinois		08/11/2016	08/11/2016	
6. The address of its regi	stered office within Rhode Island	d is:		
Street Address 450 Veteran	s Memorial Parkway, Suite 7A			
City East Providence		State RHODE ISLAND	Zip 02914	
7. The business in which Insurance Agency, Marketi				
msurance Agency, market	ng and moretage			
			_	
8. Applicant is otherwise	authorized to do business in the	e state of Rhode Island.		
Under penalty of perjury, information contained he	I declare and affirm that I have rein is true and correct.	examined this Fictitious Business i	Name Statement and that the	
Name of Authorized Officer of the Corporation			Date	
Gallagher Affinity Insurance Services, Inc.			04/11/2024	
Signature of Authorized	Officer of the Corporation			
Kaia Korosec	KARA KOROSEC, SECRETARY		_	
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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 17 2024 1 A ...

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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 17, 2024 01:00 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

