

Filing Fee: \$50.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2012 OCT 1 11:36
CORPORATIONS DIV

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. The legal name of the applicant business corporation, limited liability company or limited partnership is: Adults & Children's Risk Purchasing Group, Inc.
2. The fictitious business name to be used is Assure Child Care
3. The state or territory under the laws of which it is incorporated, organized or formed is Illinois
4. The date of incorporation, organization or formation is April 19, 2012
5. If a business corporation, the address of its registered office within Rhode Island is 10 Weybosset Street Providence, RI 02903
6. If a business corporation, the business in which it is engaged Operate as a trade association to have the power to operate a purchasing group in order to purchase liability insurance for benefit of its members on a group basis.
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: September 24, 2012

Adults & Children's Risk Purchasing Group, Inc.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]
Signature of Authorized Officer of the Corporation
Stephen T. Lerum, V. President/Director

By \_\_\_\_\_
Signature of Authorized Person for the Limited Liability Company

or

By \_\_\_\_\_
Signature of Authorized Person for the Limited Partnership

FILED
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BY DL 180069



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## 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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

