

Filing Fee: \$50.00

ID Number: 10039



**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. The legal name of the applicant business corporation, limited liability company or limited partnership is:  
The Thomas Insurance Agency, Inc.
2. The fictitious business name to be used is Gallo-Thomas Insurance
3. The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4. The date of incorporation, organization or formation is April 19, 1976
5. If a business corporation, the address of its registered office within Rhode Island is \_\_\_\_\_  
One Citizens Plaza, 8th Floor, Providence, Rhode Island 02903
6. If a business corporation, the business in which it is engaged General Insurance
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: 6/1/09

The Thomas Insurance Agency, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] President  
Signature of Authorized Officer of the Corporation

or

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

or

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

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By [Signature] 9/1000