

Filing Fee: \$50.00

ID Number: 905588



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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CORPORATIONS DIV
2015 OCT -5 AM 11:53

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:
Paul Moss Insurance Agency, LLC
2. The fictitious business name to be used is Epiq Insurance Agency
3. The state or territory under the laws of which it is incorporated, organized or formed is Ohio
4. The date of incorporation, organization or formation is 2/18/2014
5. If a business corporation, the address of its registered office within Rhode Island is _____
450 Veterans Memorial Hwy Ste 7A, East Providence, RI 02914
6. If a business corporation, the business in which it is engaged insurance quote and sales
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: 9-22-15

Paul Moss Insurance Agency, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]
Signature of Authorized Officer of the Corporation
Paul Moss

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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