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   Thomas Insurance Agency, Inc.	ration, li	mited liability company or limited partnership	is:		
2.	The fictitious business name to be used is GT	Pro				
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 forma	ition is	4/19/1976	·		
5.	If a business corporation, the address of its regi		<del>-                                    </del>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	38	
6.	If a business corporation, the business in which it is engaged General Insurance				ORFORATI	
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.			AM 10: 02	OF STATE	
			der penalty of perjury, i declare that the informein is true and correct.	rmation o	contained	
Date: 2/24/16			Gallo   Thomas Insurance Agency, Inc.			
FILED MAR 0 9 2016  BY W 269618  10:02			Name of Applicant Corporation, Limited Liability Company or Limited Partnership  By  Signature of Authorized Officer of the Corporation			
			<u>or</u>			
		Ву	By			
		Ву				

Form No. 624 Revised: 12/05