

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

| 1. Entity ID Number                              | 2. Exact Name of the Lir   | 2. Exact Name of the Limited Liability Company |                                      |  |
|--|--|--|--------------------------------------|--|
| 000793796  | Omni Underwriting Mana   | Omni Underwriting Managers LLC                 |                                      |  |
| 3. The fictitious business                       | name to be used is:  |  |                                      |  |
| Construction Insurance Pa                        | rtners   |  |                                      |  |
| 4. The state or country the entity is formed is: |  | 5. The date of for                             | 5. The date of formation is:         |  |
| Maine  |  | 5/19/1910                                      | 5/19/1910                            |  |
| 6. Applicant is otherwise                        | authorized to do business in t                                   | he state of Rhode Island.                      |                                      |  |
|  | ry, I declare and affirm that I<br>ned herein is true and correc |  | titlous Business Name State and that |  |
| Name of Applicant Limited Liability Company      |  |  | Date                                 |  |
| Omni Underwriting Mana                           | igers LLC  | $\overline{}$                                  | 2/1/2017                             |  |
| Signature of Authorized                          |  | DOWNENT HERE                                   |                                      |  |
| Ernest Newborn II, Manag                         |  | CUMENT HERE                                    |                                      |  |

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FEB 0 3 2017

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624 LLC - Revised: 06/2016

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

