	nd Providence Plantations tate - Business Services Division
Fictitious Business I DOMESTIC or FOREIGN	Name Statement Limited Liability Company
→ Filing Fee: \$50.00	
Pursuant to the provisions of R submits the following statemen a fictitious business name:	tIGL <u>7-16-9</u> the undersigned limited liability at for authority to transact business in the s
1. Entity ID Number	2. Exact Name of the Limited Liability Co.
000793796	Omni Underwriting Managers LLC
3. The fictitious business nam	ne to be used is:
FutureComp	

1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
000793796	Omni Underwriting Managers I	Omni Underwriting Managers LLC		
3. The fictitious business	name to be used is:			
FutureComp				
4. The state or country the entity is formed is:		5. The date of formation is:		
Maine		5/19/1910		
	authorized to do business in the sta			
Under penalty of perjuithe information contain	y, I declare and affirm that I have ned herein is true and correct.	examined this Fictitious Busi	ness Name State and that	
Name of Applicant Limite	ed Liability Company		3/23/2017	
Omni Underwriting Mana	gers LLC		3/0/21	
Signature of Authorized I	SIGN DOO	UMENT HERE		
Ernest Newborn II, Manag	ed	<u> </u>		

MAIL TO:

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

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

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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

RI SOS Filing Number: 201739049320 Date: 3/28/2017 2:01:00 PM



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:

March 28, 2017 02:01 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

