

Filing Fee: \$50.00

ID Number: 001673818



**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: **Personal Risk Management Solutions, LLC**
2. The fictitious business name to be used is **All Better Health**
3. The state or territory under the laws of which it is incorporated, organized or formed is **Delaware**
4. The date of incorporation, organization or formation is **02/26/2007**
5. If a business corporation, the address of its registered office within Rhode Island is **c/o United Corporate Services, Inc. 222 Jefferson Boulevard – 2nd Floor, Warwick, Rhode Island 02888**
6. If a business corporation, the business in which it is engaged **Insurance sales and services**
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: 5/3/17

**Personal Risk Management Solutions, LLC**

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

**FILED**

**MAY 22 2017**

**BY** 304161

10:08 AM

By \_\_\_\_\_  
Signature of Authorized Officer of the Corporation

By *Celia* <sup>or</sup> \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company  
**Celia Feinberg, Manager**

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



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

May 22, 2017 10:08 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

