

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**

2017 MAY 22 AM 10:28  
R.I. DEPARTMENT OF REVENUE

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

10:28 AM

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

By *Celia*  
Signature of Authorized Person for the Limited Liability Company  
**Celia Feinberg, Manager**

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