

Fictitious Business Name Statement DOMESTIC or FOREIGN Business Corporation → Filing Fee: \$50.00 Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:				2018 AUG 31 PM 12	RECEIVED SECRETARY OF ST CORPORATIONS	
Entity ID Number	2. Exact Name of the Corporation			: 29	N _E	
000155135	The Premium Group, Inc.					
3. The fictitious business na	ame to be used is:					
The Doctors Company Se	rvicing Agency					
4. The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:			
Ohio		05/13/1991	05/13/1991			
6. The address of its registe	ered office within Rhode Island	d is:				
Street Address 222 Jefferso	n Boulevard, Suite 200	.,				
City Warwick		State RHODE ISLAND	Zip 02888			
7. The business in which it	is engaged:					
medical professional liab	ility insurance agency					
8. Applicant is otherwise au	thorized to do business in the	state of Rhode Island.			,	
	l declare and affirm that I ha ained herein is true and con	ave examined this Fictitious Bu rect.	siness Name	Stateme	nt and	
Name of Authorized Officer of the Corporation Date			Date			
Aaron D. Richard			8/2	: 4/	وع	
Signature of Authorized Off	icer of the Corporation	P.				
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.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 924A Corporation - Revised 197201