Filing Fee: \$50.00

ID Number: 1690585



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

CORPORATIONS DIV

## 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:

	-	orporation, limited liability company or limited partnership is:	
2.	The fictitious business name to be used is	Maxwell Health	
3.	The state or territory under the laws of which	h it is incorporated, organized or formed is Delaware	
4.	The date of incorporation, organization or fo	ormation is	
5.	If a business corporation, the address of its	registered office within Rhode Island is  A, East Providence, Rhode Island 02914	
6.		hich it is engaged Benefits enrollment and administration software.	
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.		
		Under penalty of perjury, I declare that the information containe herein is true and correct.	
Date: March 15, 2019		DailyFeats, Inc. (Colleen Kallas, Secretary)	
	···	Name of Applicant Corporation, Limited Liability Company or Limited Partnershi	
	FILED	By Signature of Authorized Officer of the Corporation	
	MAR 2 5 2019 BY EDOWG A.A. Q'.47 A	BySignature of Authorized Person for the Limited Liability Company	
	1/1, ,	By	