RI SOS Filing Number: 201921287190 Date: 9/24/2019 11:50:00 AM



## Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-402</u>, 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

TOTAL COST TIGHT				
Entity ID Number	2. Exact Name of the Corporation			
000155135	THE PREMIUM GROUP INC.			
3. List the fictitious business	name to be used:	· · · · · · · · · · · · · · · · · · ·	<del></del>	
ARGUS RISK ADVISORS				
4. List the state or country the entity is incorporated:		5. List the date of incorporation:		
ОНІО		05/13/1991	05/13/1991	
6. List the address of its regis	tered office within Rhode Isl	land.		
Street Address 222 JEFFERS	ON BOULEVARD, SUITE 20	00		
City WARWICK		State RHODE ISLAND	Zip 02888	
7. List the business in which i	t is engaged:	·		
MEDICAL PROFESSIONAL	LIABILITY INSURANCE AC	GENCY		
8. Applicant is otherwise auth	orized to do business in the	state of Rhode Island.		
Under penalty of perjury, I on the information contained I	declare and affirm that I ha nerein is true and correct.	ive examined this Fictitious Busi	iness Name State and that	
Name of Authorized Officer of	f the Corporation		Date	
AARON D. RICHARD			08/30/2019	
Signature of Authorized Office	er of the Corporation		· · · · · · · · · · · · · · · · · · ·	
1/an.	SIGNDO	CUMENT HERE		
- /			- ·- <del></del>	

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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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:

September 24, 2019 11:50 AM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

