

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:

Entity ID Number			ROUP (USA) INC.		
2. The Settlers business	ne to be used is:		2. Exact Name of the Corporation PREMIER MARINE INSURANCE MANAGERS GROUP (USA) INC.		
3. The fictitious pusiness har		···	·		
PREMIER MARINE INSURA	INCE SERVICES				
4. The corporation is organized under the laws of:		5. The date of incorporation is:			
WA		03/01/2005			
6. The address of its register	ed office within Rhode Islan	d is:			
Street Address 222 JEFFERS	ON BLVD., SUITE 200				
City WARWICK		State RHODE ISLAND	Zip 02888		
7. The business in which it is	engaged:	<u> </u>			
INSURANCE AGENCY					
8. Applicant is otherwise auth	norized to do business in the	e state of Rhode Island.			
Under penalty of perjury, I that the information contain	declare and affirm that I hand herein is true and con	ave examined this Fictitious Bu rect.	siness Name Statement and		
Name of Authorized Officer of the Corporation			Date		
CRAIG MARSHALL -	SECRETARY		11/14/2019		
Signature of Authorized Offic	er of the Corporation				
Gr-	SIGN D	OCUMENT HERE	· · · · · · · · · · · · · · · · · · ·		

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

NOV 1 4 2019

riday,

BY Ch. HSH

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 624A Corporation - Revised 11/2017