



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 NOV 20 PM 12:38

APPLICATION FOR  
RESERVATION OF ENTITY NAME

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

EQUITABLE FINANCIAL LIFE AND ANNUITY COMPANY

(Name to be Reserved)

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

(Check One Only)

- |  | <u>Filing Fee</u> |
|--|-------------------|
| <input checked="" type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | (\$50.00)         |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.                         | (\$50.00)         |
| <input type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended.           | (\$50.00)         |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.                 | (\$20.00)         |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

Name and Address of Applicant:

CORPORATION SERVICE COMPANY

251 Little Falls Drive

WILMINGTON, DE 19808

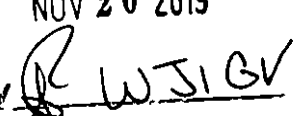
Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by:

  
(Signature)

Date: 11/20/19

(Address, if different from above)

FILED 12:38  
NOV 20 2019  
BY  WJIGV



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

November 20, 2019 12:38 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

