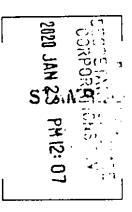
State of Rhode Island and Providence Plantations Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number	2. Exact Name of the Limited Liability Company	
001703829	CREST INSURANCE GROUP OF COLORADO, LLC	
3. The fictitious business	name to be used is:	
Crest Restaurant Insura	ance	
4. The limited liability company is organized under the laws of:		5. The date of formation is:
Colorado		01-21-2020
6. Applicant is otherwise a	authorized to do business in the state of Rhode Islan	d.
	y, I declare and affirm that I have examined this F ntained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
CREST INSURANCE GROUP OF COLORADO, LLC		1/16/2020
Signature of Authorized P		;

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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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.



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:

January 23, 2020 12:07 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

