



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

**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, 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:

RECEIVED STATE  
 DEPARTMENT OF BUSINESS SERVICES DIVISION  
 2020 JUN 26 AM 11:29

1. Entity ID Number <b>001707742</b>		2. Exact Name of the Corporation <b>Staff Benefits Management Inc.</b>	
3. List the fictitious business name to be used: <b>Staff Benefits Management &amp; Administrators</b>			
4. List the state or country the entity is incorporated: <b>California</b>		5. List the date of incorporation: <b>1/26/2016</b>	
6. List the address of its registered office within Rhode Island: Street Address <b>222 JEFFERSON BOULEVARD, SUITE 200</b>			
City <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02888</b>
7. List the business in which it is engaged: <b>Administration of employee benefit plans</b>			
8. Applicant is otherwise authorized to do business in the state of Rhode Island. <i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>			
Name of Authorized Officer of the Corporation <b>Frank Crivello</b>			Date <b>6/24/2020</b>
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT 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**  
 JUN 26 2020  
 BY **S852E**

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 624 Corporation - Revised: 06/2016  
**A.A. 11:29 AM.**



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:

June 26, 2020 11:29 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

