



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

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BUS. SVCS. DIV.  
2021 APR - 8 P 12:28

S.A.P.

List the entity's ID number. The ID number can be found by looking up your entity in the Corporate Database. I, Out of Towne, LLC, hereby certify that this is an exact business in the state of Rhode Island under

|                                                                                                                                                                                                                                                                        |                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. Entity ID Number<br><b>001710113</b>                                                                                                                                                                                                                                | 2. Exact Name of the Limited Liability Company<br><b>Out of Towne, LLC</b> |
| 3. The fictitious business name to be used is:<br><b>Red Sky Travel Insurance</b>                                                                                                                                                                                      |                                                                            |
| 4. The limited liability company is organized under the laws of:<br><b>Virginia</b>                                                                                                                                                                                    | 5. The date of formation is:<br><b>7/15/2008</b>                           |
| 6. Applicant is otherwise authorized to do business in the state of Rhode Island.<br><i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i> |                                                                            |
| Name of Applicant Limited Liability Company<br><b>Out of Towne, LLC</b>                                                                                                                                                                                                | Date<br><b>2/9/2021</b>                                                    |
| Signature of Authorized Person<br><br>DocuSigned by: [Signature] HERE<br>4CF3D82A-444A-41F4-AA8F-FA2E6EC43C72                                                                       |                                                                            |

**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**

APR 08 2021

By WG-KS2  
A.A. 12:28pm

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](mailto:corporations@sos.ri.gov).



State of Rhode Island

**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,  
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:

April 08, 2021 12:28 PM

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

Nellie M. Gorbea  
*Secretary of State*

