

## **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:	Number: 2. The name of the Corporation is:			
000068041	CUNA Brokerage Services, Inc.			
3. The fictitious business nam	e to be used is:			
Cuna Mutual Group Financial Ad	lvisors			
4. The corporation is organized under the laws of:		5. The date of incorpora	5. The date of incorporation is:	
Wisconsin		7/19/1985	7/19/1985	
6. The address of its registere	d office within Rhode Island	d is:		
Street Address 450 Veterans Me	morial Pkwy #7A			
City Hast Providence		State RHODE ISLAND	Zip 02914	
7. The business in which it is a Investment Advisory Services	engaged:			
8. Applicant is otherwise author	orized to do business in the	state of Rhode Island.		
Under penalty of perjury, I dec information contained herein i		examined this Fictitious Busin	ness Name Statement and that the	
Name of Authorized Officer of the Corporation			Date	
Paul Barbato, Secretary			5/26/2021	
Signature of Authorized Office	er of the Corporation	lilo		

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** 

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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.

RI SOS Filing Number: 202197743360 Date: 6/2/2021 11:07:00 AM



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:

June 02, 2021 11:07 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

