

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:

Entity ID Number	2. Exact Name of the Corporation			
	Leap Insurance, LLC			
3. The fictitious business nam	ne to be used is:			
Movement Insurance				
4. The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:	
Delaware		05/14/2010	05/14/2010	
6. The address of its registere	ed office within Rhode Islan	d is:		
Street Address 222 Jefferson	Boulevard Suite 200			
City Warwick		State RHODE ISLAND	Zip <b>02888</b>	
7. The business in which it is	engaged:			
Insurance				
8. Applicant is otherwise auth	orized to do business in the	e state of Rhode Island.		
Under penalty of perjury, I on that the information contains		ave examined this Fictitious Burrect.	siness Name Statement and	
Name of Authorized Officer of the Corporation			Date	
Casey Crawford			6 14 202	
Signature of Authorized Office	er of the Corporation			
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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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RI SOS Filing Number: 202199137400 Date: 7/7/2021 12:09:00 PM



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:

July 07, 2021 12:09 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

