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

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2021 JUL -7 P 12: 10

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:

1. Entity ID Number	2. Exact Name of the Corporation
	Leap Insurance, LLC

3. The fictitious business name to be used is:

Movement Insurance

4. The corporation is organized under the laws of:	5. The date of incorporation is:
Delaware	**05/14/2010**

6. The address of its registered office within Rhode Island is:

Street Address **222 Jefferson Boulevard Suite 200**

City	State	Zip
Warwick	**RHODE ISLAND**	**02888**

7. The business in which it is engaged:

Insurance

8. Applicant is otherwise authorized to do business in the state of Rhode Island.

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.

Name of Authorized Officer of the Corporation	Date
Casey Crawford	6/14/2021

Signature of Authorized Officer of the Corporation

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
JUL 07 2021
BY CMVEMJS
12:09

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.