



## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$50.00

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Entity ID Number:	2. The name of the Corpo	2. The name of the Corporation is:		
001661382	METLIFE CONSUMER SERVICES, INC.			
3. The fictitious business	name to be used is:			
Upwise				
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
State of Delaware		03-15-2016		
6. The address of its regis	stered office within Rhode Islan	nd is:		
Street Address CT CORPOR	RATION SYSTEM, 450 VETERA	ANS MEMORIAL PARKWAY, SUI	TE 7A	
City EAST PROVIDENCE		State RHODE ISLAND	Zip 02914	
7. The business in which	it is engaged:			
OFFERING NON-INSURA	NCE ASSISTANCE AND PROT	ECTION PRODUCTS TO THE CO	NSUMER	
8. Applicant is otherwise a	authorized to do business in the	e state of Rhode Island.	<u> </u>	
Under penalty of perjury, information contained her	declare and affirm that I have oin is true and correct.	examined this Fictitious Business	Name Statement and that the	
Name of Authorized Officer of the Corporation			Date	
Kelli J. Buford, Secretary			12/20/2021	
Signature of Authorized O	fficer of the Corporation	· · · · · · · · · · · · · · · · · · ·		
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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.

FORM 624A Corporation - Revised: 08/2020

**Division of Business Services** 

Phone: (401) 222-3040 Website: www.sos.ri.gov

148 W. River Street, Providence, Rhode Island 02904-2615

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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:

December 22, 2021 01:05 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

