



State of Rhode Island

Department of State - Business Services Division

**Statement of Abandonment of Use of Fictitious Business Name**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL 7-16-9, the undersigned limited liability company hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

1. Entity ID Number:  001665700	2. The name of the Limited Liability Company is:  AssuredPartners NL, LLC
3. The fictitious business name to be abandoned is:  Rice Insurance Services Center	
4. The date when the original fictitious business name statement was filed is:  10/01/21	
5. The state or country the entity is formed is:  DE	6. The date of formation is:  09-12-2011
Under penalty of perjury, I declare that the information contained herein is true and correct.	
Name of Applicant Limited Liability Company  AssuredPartners NL, LLC	Date  2.23.2023
Signature of Authorized Person  <i>Jori Sawan</i>	

**MAIL TO:**

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY *[Signature]* 11:54

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).

FORM 625B LLC - Revised: 12/2021