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State of Rhode Island Department of State - Business Services Division

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company 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. The name of the Limited Liability Company is:		
001685012	Crowe Healthcare Risk Consulting LLC		
3. The fictitious business nam	ne to be used is:		
Kodiak Healthcare R	isk Consulting		
4. The state or country the entity is formed is:		5. The date of formation is:	
MO		5/27/1997	
6. Applicant is otherwise auth	orized to do business in the state	e of Rhode Island.	· ·
7. Under penalty of perjury, I information contained herein		camined this Fictitious Business	Name Statement and that the
Name of Applicant Limited Liability Company			Date
Crowe Healthcare Risk Consulting LLC			10/09/2023
Signature of Authorized Person	on S		

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 OCT 1 2 2023 P BY ML 4A7HF 12:02 RI SOS Filing Number: 202342182220 Date: 10/12/2023 12:02:00 PM



I, GREGG M. AMORE, 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:

October 12, 2023 12:02 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

