



State of Rhode Island
Department of State - Business Services Division

REC'D 2024 MAR 27 15:02
SOS MP

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: 001770127		2. The name of the Corporation is: The Boon Insurance Agency, Inc.	
3. The fictitious business name to be used is: EM Benefits			
4. The corporation is organized under the laws of: Delaware		5. The date of incorporation is: 02/28/2024	
6. The address of its registered office within Rhode Island is: Street Address 450 Veterans Memorial Parkway, Suite 7A City EAST PROVIDENCE State RHODE ISLAND Zip 02914			
7. The business in which it is engag Insurance agency			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
9. 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 Taylor Boon			Date 3/25/2024
Signature of Authorized Officer of the Corporation DocuSigned by: Taylor Boon			

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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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.