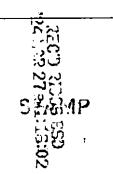


State of Rhode Island

Department of State - Business Services Division



Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-402</u>, 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. The name of the Corporation is:		
001770127	The Boon Insurance Agency, Inc.		
3. The fictitious business nam	e to be used is:		
EM Benefits			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
Delaware		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	 		Date
Taylor Boon			3/25/2024
Signature of Authorized Office	er of the Corporation		
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 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.