

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00	4	
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	1	
fictitious business name:		

1. Entity ID Number:	2. The name of the Corporation is:				
001668419	Gallagher Affinity Insurance Services, Inc.				
3. The fictitious business nar	me to be used is:				
BEYOGI					
4. The corporation is organized under the laws of:		5. The date of incorporation is	5. The date of incorporation is:		
Illinois	08/11/2016				
6. The address of its register	red office within Rhode Islan	d is:			
Street Address 450 Veterans Memorial Parkway, Suite 7A					
City East Providence		State RHODE ISLAND	Zip 02914		
7. The business in which it is	s engaged:				
Insurance Agency, Marketing and Brokerage					
8. Applicant is otherwise authorized to do business in the state of Rhode Island.					
			Name Statement and that the		
Under penalty of perjury, I d information contained hereit	eclare and affirm that I have n is true and correct.	examined this Fictitious Business I	Name Statement and that the		
Name of Authorized Officer			Date		
Gallagher Affinity Insurance Services, Inc.		03/12/2024			
Signature of Authorized Offi	cer of the Corporation KARA KOROSEC, SECRETARY				

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

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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