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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: 001668419	2. The name of the Corporation is: Gallagher Affinity Insurance Services, Inc.	
3. The fictitious business name to be used is: MESSAGE STUDY BUDDY		
4. The corporation is organized under the laws of: Illinois	5. The date of incorporation is: 08/11/2016	
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 engaged: Insurance Agency, Marketing and Brokerage		
8. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<i>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.</i>		
Name of Authorized Officer of the Corporation Gallagher Affinity Insurance Services, Inc.	Date 04/11/2024	
Signature of Authorized Officer 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

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FILED STAMP
 APR 15 2024
 BY SHX24

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.