



State of Rhode Island
Department of State - Business Services Division

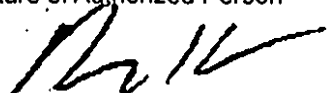
24 JUL 22 12:03:14
R 200 8505 850
S 11

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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: 001755832		2. The name of the Limited Liability Company is: SSB Insurance Services, LLC	
3. The fictitious business name to be used is: Freeway Insurance Services			
4. The state or country the entity is formed is: California		5. The date of formation is: 03/05/2018	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.			
7. <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 Applicant Limited Liability Company SSB Insurance Services, LLC			Date 7/12/2024
Signature of Authorized Person 			

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 1208
JUL 22 2024
BY 30439

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.