



State of Rhode Island
Department of State - Business Services Division

REC'D RHODE ISLAND
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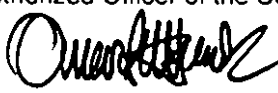
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Fictitious Business Name Statement

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 000078740	2. The name of the Corporation is: FACTORY MUTUAL INSURANCE COMPANY	
3. The fictitious business name to be used is: FM RESEARCH CAMPUS		
4. The corporation is organized under the laws of: RHODE ISLAND		5. The date of incorporation is: 31 OCTOBER 1835
6. The address of its registered office within Rhode Island is: Street Address 270 CENTRAL AVENUE		
City JOHNSTON	State RHODE ISLAND	Zip 02919
7. The business in which it is engaged: INSURANCE AND ENGINEERING SERVICES AND OTHER ANCILLARY SERVICES.		
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 OMAR HAMEED		Date 1 SEPTEMBER 2024
Signature of Authorized Officer of the Corporation 		

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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BY TmyEd
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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.