



State of Rhode Island
Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

STAMP

NOT
FOR FILING OF STATE
USE ONLY

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: 001677270		2. The name of the Corporation is: Attain Insurance Services Inc.	
3. The fictitious business name to be used is: Carefree Insurance Services			
4. The corporation is organized under the laws of: Florida		5. The date of incorporation is: 09-18-2017	
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 21090
7. The business in which it is engaged: Full service 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 the Corporation Deborah E. Finch			Date 09/19/2024
Signature of Authorized Officer of the Corporation <i>Deborah Finch</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

online
11:50

FILED
STAMP
AUG 30 2024

BY ML 1207999

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.