



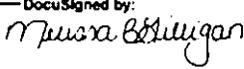
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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 001764406	2. Exact Name of the Limited Liability Company Verify Insurance Services, LLC	
3. The fictitious business name to be used is: Thimble Insurance Services		
4. The limited liability company is organized under the laws of: New York		5. The date of formation is: 05/12/2023
6. 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 Applicant Limited Liability Company Verify Insurance Services, LLC		Date 12/17/2024
Signature of Authorized Person <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <small>DocuSigned by:</small>  <small>1CCAFD985F1545A</small> </div> <div>SIGN DOCUMENT HERE</div> </div>		

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 10:23
STAMP
DEC 23 2024
BY FMV8T


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.