RI SOS Filing Number: 202566453940 Date: 3/6/2025 1:02:00 PM



State of Rhode Island

Department of State - Business Services Division

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:

Entity ID Number:	2. The name of the Corporation is:		
001731728	AssuredPartners New England, Inc.		
3. The fictitious business n	ame to be used is:		
The Kerin Agency			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
Connecticut		11/08/2021	
6. The address of its regist	ered office within Rhode Islar	nd is:	
Street Address 450 VETERA	NS MEMORIAL PARKWAY.	SUITE 7A	-
City EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
7. The business in which it	is engaged:		
Insurance Brokerage Services	;		
8. Applicant is otherwise a	uthorized to do business in th	e state of Rhode Island.	
Under penalty of perjury information contained here		ive examined this Fictitious Busin	ess Name Statement and that the
Name of Authorized Officer of the Corporation			Date
Jori Sawan			2-24-2025
Signature of Authorized Of	ficer of the Corporation	*****	
Jori Sai	van		
			

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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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.

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 06, 2025 01:02 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

