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State of Rhode Island Department of State - Business Services Division

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1,2-402</u>, 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:	2. The name of the Corporation is:			
001727446	Medical Air Services Association, Inc.			
3. The fictitious business nam	e to be used is:			
Masa				
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
Oklahoma		05/14/1974		
6. The address of its registere	d office within Rhode Islan	d is:		
Street Address 450 VETERANS MEMORIAL PKWY, STE 7A				
City EAST PROVIDENCE		State RHODE I	SLAND	Zip 02914
7. The business in which it is	engaged:			
Prepaid Emergency Assistance.				
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			Date	
KARA KOROSEC, ATTORNEY-IN-FACT			04/02/2025	
Signature of Authorized Officer of the Corporation Kaia Korosec				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 1 0 2025 1...12
BY DWADM

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:

April 10, 2025 01:16 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

