

State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD '25 APR 9 PH2:03:1

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

ictitious business name:				
1. Entity ID Number:	2. The name of the Corporation is:			
001727446	Medical Air Services Association, Inc.			
3. The fictitious business	name to be used is:			
Masa Direct				
4. The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:	
Oklahoma		05/14/1974	05/14/1974	
6. The address of its regi	stered office within Rhode Islan	d is:		
Street Address 450 VETER	ANS MEMORIAL PKWY, STE	7A		
City EAST PROVIDENCE		State RHODE ISLAND	Zip 02914	
7. The business in which	it is engaged:			

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

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

KARA KOROSEC, ATTORNEY-IN-FACT

Lava Korosec

Date

04/02/2025

Signature of Authorized Officer of the Corporation

MAIL TO:

Division of Business Services

Prepaid Emergency Assistance.

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 0 9 2025 203 K

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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.