

## 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:			
Medical Access & Service Advantage				
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
Oklahoma		05/14/1974	05/14/1974	
6. The address of its registere	ed office within Rhode Island	l is:		
Street Address 450 VETERANS MEMORIAL PKWY, STE 7A				
City EAST PROVIDENCE		State RHODE ISLAND	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 information contained herein	declare and affirm that I havis is true and correct.	ve examined this Fictitious Busin	ness Name Statement and that the	
Name of Authorized Officer of the Corporation			Date	
KARA KOROSEC, ATTORNEY-IN-FACT			04/02/2025	
Signature of Authorized Offic				

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 0 9 2025

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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.