Filing Fee:	\$50.00
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

ي ي ي المحتودة Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	The legal name of the applicant business corporation Weightloss LLC	oration, limited liability company or limited partnership is:	
2.	The fictitious business name to be used is	edi-Weightloss Clinics of Johnston	
3.	The state or territory under the laws of which it	is incorporated, organized or formed is Rhode Island	
4.	The date of incorporation, organization or form	ation is May 8, 2009	
5.	If a business corporation, the address of its registered office within Rhode Island is		
6.	If a business corporation, the business in which	n it is engaged	
7.	Applicant is otherwise authorized to do busines	ss in the state of Rhode Island.	
Under penalty of perjury, I declare that the information content herein is true and correct.			
Date: May 8, 2009		Johnston Weightloss, LLC	
		Name of Applicant Corporation, Limited Liability Company or Limited Partnership	
		By	
	FILED	By Part H Duber Signature of Authorized Person for the Limited Liability Company	
	MAY 0 8 2009	<u>or</u>	
	By 089031	By	

Form No. 624 Revised: 12/05



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

