

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2009 MAY -8 PM 3:55
FILED
STATE
OF RHODE ISLAND
CORPORATIONS DIVISION

FICTITIOUS BUSINESS NAME STATEMENT

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, limited liability company or limited partnership is: Johnston Weightloss LLC
2. The fictitious business name to be used is Medi-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 formation 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 it is engaged _____
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: May 8, 2009

Johnston Weightloss, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

By Pat K. Burke
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

FILED
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By 089031
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