

Filing Fee: \$50.00

ID Number: 4077



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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CORPORATIONS DIV
2009 OCT 20 PM 3:50

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: Renaissance Clinique LLC
2. The fictitious business name to be used is Anti-Aging and Longevity Center of RI
3. The state or territory under the laws of which it is incorporated, organized or formed is RI LLC
4. The date of incorporation, organization or formation is 12/23/2008
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: 10/26/09

Renaissance Clinique
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

By Ageluck or _____
Signature of Authorized Person for the Limited Liability Company

By _____ or _____
Signature of Authorized Person for the Limited Partnership

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By 101766
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