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

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:

	y to transact business in the state of Rhode Island under a fictitious business name: cant business corporation, limited liability company or limited partnership is:
. The fictitious business nam	e to be used is Rhode Island Hearing Solutions
The state or territory under	the laws of which it is incorporated, organized or formed is
. The date of incorporation, o	organization or formation is 6/5/2015
. If a business corporation, th	ne address of its registered office within Rhode Island is
If a business corporation, th	ne business in which it is engaged
Applicant is otherwise author	orized to do business in the state of Rhode Island. Under penalty of perjury, I declare that the information containe herein is true and correct.
ate: 8/3/2015	Rhode Island APD, LLC
ste.	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
AUG 0 5 2015	Signature of Authorized Officer of the Corporation or
BY CM 254/2 9:0	,
	Signature of Authorized Person for the Limited Partnership

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

