

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:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
Rhode Island APD, LLC
2. The fictitious business name to be used is **Rhode Island Hearing Solutions**
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 **6/5/2015**
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.

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SECRETARY OF STATE
CORPORATIONS DIV
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Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: **8/3/2015**

Rhode Island APD, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

or
By *Sara L Carnevale Fearon*
Signature of Authorized Person for the Limited Liability Company
Sara L. Carnevale Fearon

By _____
Signature of Authorized Person for the Limited Partnership

FILED *m*

AUG 05 2015

BY *m* *254/24*
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