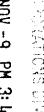
Filing Fee: \$50.00

ID Number: 12字





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

foll	owing statement for authority to transact busine	ss 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: James G. Stuart, DO, LLC	
2.	The fictitious business name to be used is	ne Westerly Medical Center
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 April 17, 2015
5.	If a business corporation, the address of its reg	gistered office within Rhode Island is
6.	i. 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.		ss in the state of Rhode Island.
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: November 9, 2015		James G. Stuart, DO, LLC
Jui	o	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	FILED	By
	NOV 0 9 2015	<u>or</u>
	By KL 260754	Signature of Authorized Person for the Limited Liability Company
	3:42	<u>or</u>
		By

Form No. 624 Revised: 12/05 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

