Filing Fee: \$50.00

ID	Number:	
עו	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 2018 KMY 16

FICTITIOUS BUSINESS NAME STATEMENT

am	nended, the undersigned business corporation, lin	-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as nited liability company, or limited partnership hereby submits the n 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: Middletown Orthodontics, LLC	
2.	The fictitious business name to be used is Middl	etown Orthodontics
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 isTBD	
5.	5. If a business corporation, the address of its registered office within Rhode Island is	
	31 America's Cup Avenue, Newport, RI 02840	
6.	If a business corporation, the business in which it is engaged dental practice	
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 12, 2016		Middletown Orthodontics, LLC
		Name of Applicant Corporation, Limited Liability Company or Limited Partnership
		BySignature of Authorized Officer of the Corporation
	12:45	By Signature of Authorized Person for the Limited Liability Company
	FILED	<u>or</u>
	MAY 1 6 2016	Signature of Authorized Person for the Limited Partnership
	1 No. 624 sed: 12/05 RV () 2744 22	

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

