



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Fictitious Business Name Statement**

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant limited liability company is: Ocean State Asthma and Allergy Associates, LLC

**SECTION II**

The fictitious business name to be used is: Ocean State Respiratory Urgent Care

**SECTION III**

The state or territory under the laws of which it is organized is  
State: RI Country: USA

**SECTION IV**

The date of organization is 12/19/2016

**Signed this 19 Day of December, 2016 at 3:15:18 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Ocean State Asthma and Allergy Associates, LLC  
Name of Applicant Limited Liability Company

JENNIFER A. ZUBA  
Signature of Authorized Person

Form No. 624  
Revised 09/07



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

