

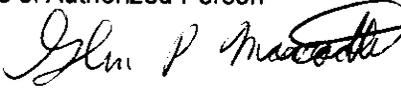


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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 21 AM 10:24

Fictitious Business Name Statement
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number	2. Exact Name of the Limited Liability Company GPM Dental Lab, LLC
3. The fictitious business name to be used is: GPM Dental Lab	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: March 21, 2017
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>	
Name of Applicant Limited Liability Company GPM Dental Lab, LLC	Date March 20, 2017
Signature of Authorized Person  SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FILED

MAR 21 2017

BY 298710
KM