Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-9</u> 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:

2017 JUN 27 PM 12:	R.I. DEPT. OF STA BUS SVCS DIV
59	m

1. Entity ID Number	2. Exact Name of the L	2. Exact Name of the Limited Liability Company		
001657796	Beaulieu Wealth Ma	Beaulieu Wealth Management, LLC		
3. The fictitious business	name to be used is:			
Beaulieu Financial Ser	vices			
4. The state or country th	e entity is formed is:	5. The date of formation is:		
RI		10/29/2015		
6. Applicant is otherwise	authorized to do business in	the state of Rhode Island.		
Under penalty of perjur the information contain	y, I declare and affirm that ed herein is true and corre	have examined this Fictitious Business Name State and that		
Name of Applicant Limited Liability Company		Date		
Beaulieu Wealth Mana	gement, LLC	06/20/2017		
Signature of Authorized F	Person	ment ment		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

IUN 27 2017

JUN 2 / 20/