Fictitious Business Name Statement DOMESTIC or FOREIGN Limited Liability Company		Ivision R.I. DEPT. OF S	R.I. DEPT. OF STATE BUS SVCS DIV	
		2017 NOV 1-7 AM		
$\rightarrow$ Filing Fee: \$50.00			ಕ್ಷಾನಿಸಿ <b>ತ್</b> ರಿಕೆಲ್ಲಿ ಎಂಡರಾಗಳ ಬಿಕ್ಕಾರಕಟ್ಟಿಗ	
submits the following state a fictitious business name:		s in the state of Rhode Island under		
1. Entity ID Number	2. Exact Name of the Limited Lia	2. Exact Name of the Limited Liability Company		
001677533	AM2, LLC	AM2, LLC		
3. The fictitious business	name to be used is:			
Amada Senior Care of F	Rhode Island			
4. The state or country the entity is formed is:		5. The date of formation is:		
Rhode Island		September 27, 2017		
6. Applicant is otherwise a	uthorized to do business in the state of	of Rhode Island.		

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.

SIGN DOCUMENT HERE

Name of Applicant Limited Liability Company

State of Phode Island and Providence Disptations

AM2, LLC

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Signature of Authorized Person

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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	
NOV 17 2017 设立公别户	
BY Cu 317767	
10:58	

Date

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DECENVED F

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

November 17, 2017 10:58 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

