RI SOS Filing Number: 201755305550 Date: 12/22/2017 11:31:00 AM



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:

RECEIVED
SECRETARY OF STATE .
CORPORATIONS DIV

1. Entity ID Number	2. Exact Name of the Limited Liability Company Psychotherapy Practices of North Kingstown, LLC	
911583		
3. The fictitious business	name to be used is:	
C. Duarte & Associates	3	
4. The limited liability company is organized under the laws of:		5. The date of formation is:
Rhode Island		March 19, 2014
6. Applicant is otherwise	authorized to do business in the state of Rhode Islan	d.
, , , ,	y, I declare and affirm that I have examined this F ntained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
Psychotherapy Practices of North Kingstown, LLC		12/19/17
Signature of Authorized F	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 DEC 22 2017

BY CO 320465

RI SOS Filing Number: 201755305550 Date: 12/22/2017 11:31:00 AM



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:

December 22, 2017 11:31 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

