<b>B</b>	State of Rhode Island and Providence Plantations
	State of Rhode Island and Providence Plantations  Department of State - Business Services Division

## **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	1
submits the following statement for outhering to be be and a think in a set of the	L

submits the following statemer a fictitious business name:	nt for authority to transact busi	iness in the state of Rhode Island	under ,			
1. Entity ID Number	2. Exact Name of the Limited Liability Company					
1681618:	EI US, LLC					
3. The fictitious business nam	e to be used is:					
LearnWell						
4. The limited liability compan	5. The date of formation is:					
DE	12/20/2017					
6. Applicant is otherwise authorise						
that the information contain	ed herein is true and correc	examined this Fictitious Busin t.	ness Name Statement and			
Name of Applicant Limited Lia	bility Company		Date			
EI US, LLC			3-21-18			
Signature of Authorized Perso	SIGN DUC	UMENT HERE				
			RECEIVED SECRETARY OF STA CCRPCRATIONS DI 2018 HAR 23 PH 2:			
MAIL TO:		FILED	ATE 137			
Division of Business Services 48 W. River Street, Providence, R	hode Island 02904-2615	MAR 2 3 2018				
Phone: (401) 222-3040 Vebsite: www.sos.ri.gov		30000	_			
		A.A. 12'.4	30701.			

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.

FORM 624B LLC - Revised: 11/2017

S162 "