

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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:

Entity ID Number	2. Exact Name of the Limited Liability Company	
823408	New Providence Brol	Kepse IIC-
3. The fictitious business name to be used is		
Generations Health		
4. The limited liability company is organized under the laws of:		5. The date of formation is:
	KJ.	8/22/13
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.		
Name of Applicant Limited Lie	Word - Kinn	Date.
Signature of Authorized Person SI POCUMENT 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 FILED

JUN 1'9 2018

12:09

STAMP