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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 <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:

2018 JUN 21	RECEI SECRETARY CORPORATI
PH 12: 34	VED OF STATE OF STATE

1. Entity ID Number	2. Exact Name of the Limited Liability Compar	ıy	·	
911673	Keyelations LCC			
3. The fictitious business n	ame to be used is:			
Rexe	al Medsoa			
4. The limited liability company is organized under the laws of:			5. The date of formation is:	
RI			6/20/18	
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 Liability Company			Date	
Signature of Authorized Person			H20/18	
Signature of Authorized Pe	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 13:34

**FILED** 

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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:

June 21, 2018 12:34 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

