RI SOS Filing Number: 201880517750 Date: 10/30/2018 4:07:00 PM



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:

2010 OCT 30	RECEIVE R.I. DEPT. OF BUS SVCS
PM 4: 0	IVED OF STATE CS DIV

1. Entity ID Number	2. Exact Name of the Limited Liability Compa	2. Exact Name of the Limited Liability Company	
000542625	mdINR, LLC		
3. The fictitious business	name to be used is:		
Advanced Cardio Serv	ices		
The limited liability company is organized under the laws of.		5. The date of formation is:	
Delaware		3/18/3000	
6. Applicant is otherwise	authorized to do business in the state of Rhode Is	land.	
	y, I declare and affirm that I have examined thi ntained herein is true and correct.	s Fictitious Business Name Statement and	
Name of Applicant Limited Liability Company		Date	
mdINR, LLC		10/22/2018	
Signature of Authorized I	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 FILED

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1. A. A. O.

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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:

October 30, 2018 04:07 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

