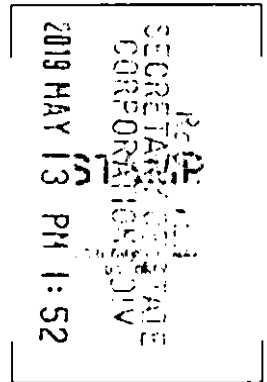




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**




## Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

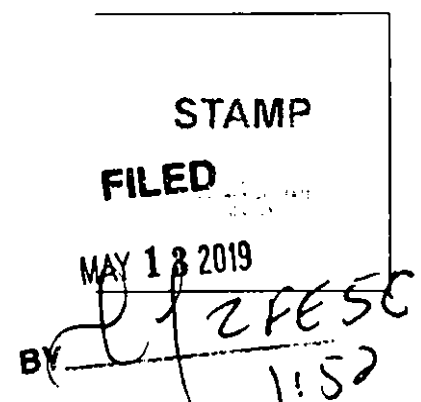
Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number  169 5925	2. Exact Name of the Limited Liability Company  Capitol Hill FFS, LLC	
3. The fictitious business name to be used is:  Larry Levin, D.M.D.		
4. The limited liability company is organized under the laws of:  Rhode Island		5. The date of formation is:  
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<b><i>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.</i></b>		
Name of Applicant Limited Liability Company  Capitol Hill FFS, LLC		Date  5/8/2019
Signature of Authorized Person   <div style="text-align: center;">SIGN DOCUMENT HERE</div>		

### MAIL TO:

Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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](mailto:corporations@sos.ri.gov).



FORM 624B LLC - Revised: 11/2017