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State of Rhode Island and Providence Plantations

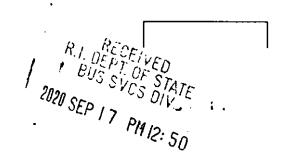
**Department of State - Business Services Division** 

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name: 1. Entity ID Number 2. Exact Name of the Limited Liability Company oria Medical of Rhode Island LLC 3. The fictitious business name to be used is: Loria Medical 4. The limited liability company is organized under the laws of: 5. The date of formation is: Rhode Island 9/1/2020 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 9-17-20 Loria Medical of Rhode Island LLC Signature of Authorized Person 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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mq cc. 61. A. A

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

September 17, 2020 12:50 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

