

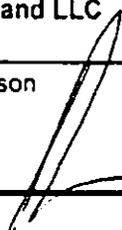


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 R.I. DEPT. OF STATE  
 BUS SVCS DIV.  
 2020 SEP 17 PM 12:50

**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 <b>1712230</b>	2. Exact Name of the Limited Liability Company <b>Loria Medical of Rhode Island LLC</b>	
3. The fictitious business name to be used is: <b>Loria Medical</b>		
4. The limited liability company is organized under the laws of: <b>Rhode Island</b>		5. The date of formation is: <b>9/1/2020</b>
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<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>		
Name of Applicant Limited Liability Company <b>Loria Medical of Rhode Island LLC</b>		Date <b>9-17-20</b>
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**  
 SEP 17 2020  
 BY AAG-20  
 A.A. 12:50pm.

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.