



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Fictitious Business Name Statement**

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant limited liability company is: MADDYS MED-CLINICS LLC

**SECTION II**

The fictitious business name to be used is: TESTA WELLNESS CENTER

**SECTION III**

The state or territory under the laws of which it is organized is  
State: RI Country: USA

**SECTION IV**

The date of organization is 10/07/2020

**Signed this 18 Day of October, 2020 at 7:58:21 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

MADDYS MED-CLINICS LLC

Name of Applicant Limited Liability Company

YUSEF NOFAL

Signature of Authorized Person

Form No. 624  
Revised 09/07

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