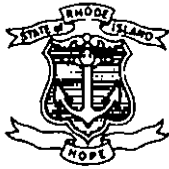


RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2020 NOV 18 A 10:43

**APPLICATION FOR
RESERVATION OF ENTITY NAME**

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

Body Grateful Day Spa, LLC

(Name to be Reserved)

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

(Check One Only)

- | | <u>Filing Fee</u> |
|---|-------------------|
| <input type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | (\$50.00) |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended. | (\$50.00) |
| <input checked="" type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended. | (\$50.00) |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended. | (\$20.00) |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

FILED

NOV 18 2020

BY CR PCGT1
10:43

Date: October 16, 2020

Name and Address of Applicant:

Katelynn Tessier
10 Cedar Swamp Road
Smithfield, RI 02917

Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by:

[Signature]
(Signature)

(Address, if different from above)



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

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:

November 18, 2020 10:43 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea
Secretary of State

