



State of Rhode Island
Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

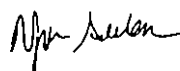
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FOR
SECRETARY OF STATE
R.I. ONLY

2021 JAN 29 PM 2:22

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R.I. DEPT. OF STATE
BUS. SVC. DIV.

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:

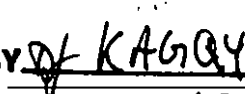
1. Entity ID Number:	2. The name of the Limited Liability Company is: HOLISTIC WOMANHOOD, LLC		
3. The fictitious business name to be used is: CHILDREN'S WELLNESS CENTER			
4. The state or country the entity is formed is: CONNECTICUT		5. The date of formation is: NOVEMBER 28, 2017	
6. Applicant is otherwise 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 HOLISTIC WOMANHOOD, LLC			Date JANUARY 29, 2021
Signature of Authorized Person 			

MAIL TO:

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

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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.



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:

January 29, 2021 02:22 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

