



State of Rhode Island


Department of State - Business Services Division

### 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: 001657864	2. The name of the Limited Liability Company is: R.I.S.A.T, LLC
3. The fictitious business name to be used is: Woonsocket Comprehensive Treatment Center	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 11/21/1988
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 R.I.S.A.T., LLC	Date 02/08/21
Signature of Authorized Person 	

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS  
2021 FEB 19 PM 1:09

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

FEB 19 2021

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A.A. 1:09 pm.

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](mailto:corporations@sos.ri.gov).

FORM 624B LLC - Revised 08/2020