



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 APR -9 AM 10:22

**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> |
|---|-------------------|
| ☐ <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. | <u>(\$50.00)</u> |
| ☐ <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u> |
| ☒ <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. | <u>(\$50.00)</u> |
| ☐ <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. | <u>(\$20.00)</u> |

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.

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:

Katelynn Tessier
Katelynn Tessier (Apr 8, 2021 10:24:00 AM)
(Signature)

Katelynn Tessier

(Address, if different from above)

FILED

APR 09 2021

KL FF1H4
10:22

Date: **April 8, 2021**



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:

April 09, 2021 10:22 AM

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

Nellie M. Gorbea

Secretary of State

