State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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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	2. Exact Name of the Limited Liability Company
001705872	**AVPM RI PC 1 LLC**

3. The fictitious business name to be used is:

South County Veterinary Hospital

4. The limited liability company is organized under the laws of:	5. The date of formation is:
Delaware	**02/26/2020**

6. Applicant is otherwise authorized to do business in the state of Rhode Island.

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.

Name of Applicant Limited Liability Company	Date
Brian Hurley	6/29/21

Signature of Authorized Person B Hurley SIGN DOCUMENT HERE

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.

FORM 624B LLC - Revised: 11/2017