



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

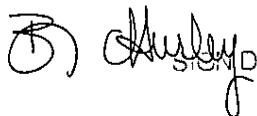
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2021 JUN 30 P 1:28

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)	2. Exact Name of the Limited Liability Company (2)
001705872	AVPM RI PC 1 LLC
3. The fictitious business name to be used is: (2)	
South County Veterinary Hospital	
4. The limited liability company is organized under the laws of: (2)	5. The date of formation is: (2)
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. (2)	
Name of Applicant Limited Liability Company	Date
Brian Hurley	6/29/21
Signature of Authorized Person  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.