

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit corporation hereby submits

Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

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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 corporation: Married for Life Ministry 3. The fictitious business name to be used is: 4. The corporation is organized under the laws of: 5. The date of incorporation is: 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 Non-Profit Corporation hony Palow Ir Title of Authorized Person Date President Signature of Authorized Persor

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri gov JUL 15 2021 BY ON R6/WE