



State of Rhode Island

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:<br><b>001717289</b>   | 2. The name of the Limited Liability Company is:<br><b>Five Star Care LLC</b> |
| 3. The fictitious business name to be used is:<br><b>StarCare</b>  |   |
| 4. The state or country the entity is formed is:<br><b>New Jersey</b>  | 5. The date of formation is:<br><b>12/02/2016</b> <b>1/5/2021</b>             |
| 6. Applicant is otherwise authorized to do business in the state of Rhode Island.<br><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<br><b>Sam Zytman</b>   | Date<br><b>8/5/21</b>   |
| Signature of Authorized Person<br>  |   |

**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)

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

FORM 624B LLC - Revised 08/2020