



State of Rhode Island

Department of State - Business Services Division

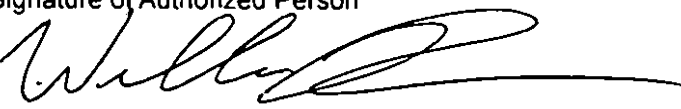
Fictitious Business Name Statement

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:

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1. Entity ID Number: 001711431	2. The name of the Limited Liability Company is: Affordable Family Housing LLC
3. The fictitious business name to be used is: Intuitive Visions	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 08-12-2020
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 William J. Parsons Jr.	Date 11/7/2021
Signature of Authorized Person 	

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MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

STAMP

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BY **D77IP**

A.A. 3:07 pm

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: 08/2020