



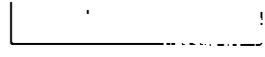
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

Fictitious Business Name Statement
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2023 JAN -4 A 10: 59

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. The name of the Limited Liability Company is: Axia Financial, LLC	
3. The fictitious business name to be used is: URW		
4. The state or country the entity is formed is: Washington	5. The date of formation is: 6/27/2007	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
<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 Quinn Brown, CFO Axia Financial, LLC		Date 12-28-2022
Signature of Authorized Person Quinn Brown		

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
 JAN 04 2023
 BY ML VFMZ
 11:00

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.