RI SOS Filing Number: 202326632240 Date: 1/25/2023 1:11:00 PM

Pursuant to the provisions of RIGL $\underline{7-12.1-902.1}$ or $\underline{7-13.1-114.1}$ the undersigned limited partnership



State of Rhode Island

Department of State - Business Services Division

* RECEIVED * R.I. DEPT. OF STATE BUS SYOS DIV

Fictitious Business Name Statement

DOMESTIC or FOREIGN Partnership

→ Filing Fee⁻ \$50 00

2023 JAN 25 PM 1: 11

nereby submits the followin under a fictitious business r	ig statement for authority to t name:	ransact business in the s	state of Rhode Island	
Entity ID Number:	2. The name of the Part	2. The name of the Partnership is:		
001751377	Deep Breaths Salon and Holistic Self Empowerment Center, LLP			
3. The fictitious business r	name to be used is:			
Tree of Life Massa	ige Therapy and Hol	istic Services		
The state or country the entity if formed is		5 The date of re	5 The date of registration is:	
Rhode Island		02/01/2023	02/01/2023	
	authorized to do business in			
Under penalty of perjury, information contained her	I declare and affirm that I have ein is true and correct.	ve examined this Fictition	is Business Name Statement and that the	
Name of Applicant Partne			Date	
Jessica Beaudreau			1/19/2023	
Signature of General Part	tner or Authorized Person			

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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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

January 25, 2023 01:11 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

