



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV


2023 JAN 26 PM 2:08

Fictitious Business Name Statement

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-12.1-902.1 or 7-13.1-114.1 the undersigned limited partnership 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: 001751377	2. The name of the Partnership is: Deep Breaths Salon and Holistic Self Empowerment Center LLP
3. The fictitious business name to be used is: Shear Intuition	
4. The state or country the entity if formed is: Rhode Island	5. The date of registration is: 2/1/2023
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 Partnership Erin Lee Chambers	Date 1/19/23
Signature of General Partner 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

FILED

JAN 26 2023

BY **83PTX**

A.A. 2:08pm

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 624C Partnership - Revised: 01/2023