	and Providence Plantations tate - Business Services	s Division	RECEIVED DEPT. OF STATE JS SVCS DIV
Fictitious Business DOMESTIC or FOREIGN		2023 J	AN 26 PM 2: 08
→ Filing Fee: \$50.00	LLC	•	
		ed business corporation hereby he state of Rhode Island under	
1. Entity ID Number			
001 <b>748795</b>	Urgent Care Arts, LLC		
3. List the fictitious business	name to be used:		
Charlestown Urgent Care			
4. List the state or country the entity is incorporated:		5. List the date of incorporation:	
Domestic LLC R	·L	11/17/2022	
	stered office within Rhode Islar	nd:	
Street Address 3769-Old Post	Rd		994
City Gharlestown-		State RHODE ISLAND	Zip • <del>02813</del>
7. List the business in which i	it is engaged:		
Urgent Care			
8. Applicant is otherwise auth	norized to do business in the st	ate of Rhode Island.	
			siness Name State and that
Under penalty of perjury, I of the information contained I		e examined this Fictitious Bu	omede nume office and mat
Under penalty of perjury, I of the information contained I Name of Authorized Officer of	herein is true and correct.	e examined this Fictitious Bu	Date
the information contained I	herein is true and correct.	e examined this Fictitious Bu	
the information contained I Name of Authorized Officer of	herein is true and correct. If the C <del>orporatio</del> n LLC	e examined this Fictitious Bu	Date
the information contained I Name of Authorized Officer of William T. Smith	herein is true and correct. f the Corporation LLC er of the Corporation LLC	e examined this Fictitious Bu	Date
the information contained I Name of Authorized Officer of William T. Smith	herein is true and correct. f the Corporation LLC er of the Corporation LLC		Date
the information contained I Name of Authorized Officer or William T. Smith Signature σf Authorized Office MAIL TO:	herein is true and correct. f the Corporation LLC er of the Corporation LLC		Date
the information contained I Name of Authorized Officer of William T. Smith	herein is true and correct. f the Corporation LLC er of the Corporation LLC SIGN DOC		Date 1/24/2023

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 624 Compation - Revised: 06/2016

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 26, 2023 02:08 PM

Treng M. Course

Gregg M. Amore Secretary of State

