



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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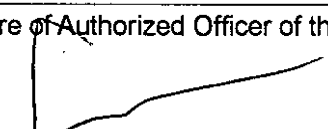
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Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL ~~7-1.2-402~~, the undersigned business corporation 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 001748795	2. Exact Name of the Corporation LLC 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: Domestic LLC R.I.	5. List the date of incorporation: 11/17/2022	
6. List the address of its registered office within Rhode Island: Street Address 3768 Old Post Rd		
City Charlestown	State RHODE ISLAND	Zip 02813
7. List the business in which it is engaged: Urgent Care		
8. 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 State and that the information contained herein is true and correct.		
Name of Authorized Officer of the Corporation LLC William T. Smith		Date 1/24/2023
Signature of Authorized Officer of the Corporation LLC  SIGN DOCUMENT HERE		

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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BY **FWQT4**

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 Corporation - Revised: 06/2016