

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit corporation hereby submits

Fictitious Business Name Statement DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

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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 corporation:

3. The fictitious business name to be used is:

4. The corporation is organized under the laws of:

5. The date of incorporation is:

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.

Name of Applicant Non-Profit Corporation

19 | Signature of Authorized Person

Signature of Authorized Person

Signature of 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

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