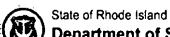
RI SOS Filing Number: 202327430250 Date: 2/2/2023 3:20:00 PM



Department of State - Business Services Division

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby

RECEIVED R.J. DEPT. OF STATE	
BUS SVCS DIV	

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2023 FEB - 2 PM 2: 46

1. Entity ID Number:	2. The name of the Lim	2. The name of the Limited Liability Company is:		
001668786	Community Cou	Community Counseling & Restorative Practices, LL		
3. The fictitious business	name to be used is:		·	
Grief Recovery Ca	are	,		
4. The state or country th	e entity is formed is:	5. The date of formati	5. The date of formation is:	
Rhode Island) () () () () () () () () () (11/29/2016	
6. Applicant is otherwise	authorized to do business in	the state of Rhode Island.		
Under penalty of perjury, information contained he		ve examined this Fictitious Bus	iness Name Statement and that the	
Name of Applicant Limite	d Liability Company	***************************************	Date	
Melissa Mastrostefano			1/27/2023	
Signature of Authorized F	Person Mastu	slefan		

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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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:

February 02, 2023 03:20 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

