



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation**

**Statement of Abandonment of Use of Fictitious Business Name**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant business corporation is: RAFFA YOGA, INC.

**SECTION II**

The fictitious business name being abandoned is:

RAFFA YOGA WORKSHOPS, INC.

The date when the original fictitious business name statement was filed is 10/31/2016

**SECTION III**

The state or territory under the laws of which it is incorporated is

State: RI Country: USA

**SECTION IV**

The date of incorporation is 11/12/2013

**SECTION V**

The address of its registered office within Rhode Island is:

No. and Street: 19 SHARPE DRIVE

City or Town: CRANSTON

State: RI

Zip: 02920

Name: CHRISTINE RAFFA

**Signed this 28 Day of February, 2023 at 1:44:48 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

RAFFA YOGA, INC.

Name of Applicant Corporation

LORI RAFFA

Signature of Authorized Officer

Form No. 625  
Revised 09/07

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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:

February 28, 2023 01:42 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

