



**Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company 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:  001704309	2. The name of the Limited Liability Company is:  Ameriprise Financial Services, LLC
3. The fictitious business name to be used is:  K. Doyle Financial Planning	
4. The state or country the entity is formed is:  Delaware	5. The date of formation is:  01-04-1974
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>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.</i>	
Name of Applicant Limited Liability Company  Ameriprise Financial Services, LLC	Date  03/27/2023
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

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