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2023 APR 14 PM 1:33

Fictitious Business Name Statement
 DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit 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: 001749893 | 2. The name of corporation: FAMILY HEALTH DATA NETWORK |
| 3. The fictitious business name to be used is: FHDN | |
| 4. The corporation is organized under the laws of: Rhode Island | 5. The date of incorporation is: 12/19/2022 |
| <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 Non-Profit Corporation ERIC STEPHENS | |
| Title of Authorized Person ERIC STEPHENS President | Date 3/22/2023 |
| Signature of Authorized Person  | |

Eric R Stephens

3/20/2023

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

APR 14 2023

BY SHUWI

A.A. 1:33pm.