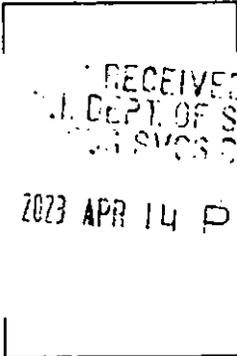




State of Rhode Island  
**Department of State - Business Services Division**



**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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: <i>001718175</i>	2. The name of the Limited Liability Company is: <i>Max Kat Health &amp; Wellness LLC</i>
3. The fictitious business name to be used is: <i>Maxine Baked</i>	
4. The state or country the entity is formed is: <i>Rhode Island</i>	5. The date of formation is: <i>1-22-21</i>
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 <i>Schantel Wildencomb</i>	Date <i>4/13/2023</i>
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](http://www.sos.ri.gov)

*W* **FILED 307**  
**APR 14 2023**  
**BY GSGZR**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).