



**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

**Limited Liability Company
Reservation of Entity Name**

(Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended)

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing.

Compass Therapy

Name to be Reserved

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

Name and address of Applicant:

No. and Street: 169 BRIARWOOD DRIVE

City or Town: WAKEFIELD

State: RI Zip: 02879

Name: HOLLY FUSCALDO

Signed this 20 Day of September, 2023 at 6:42:23 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Submitted by:

HOLLY FUSCALDO

(Signature)

(Address, if different from above)

Form No. 620
Revised 09/07