RI SOS Filing Number: 202343292630 Date: 12/8/2023 9:53:00 AM



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

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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| a fictitious business name | : | |
|---|---|---------------------------------------|
| 1. Entity ID Number | 2. Exact Name of the Limited Liability Company Honor your wellbeing LLC | |
| 001762267 | | |
| 3. The fictitious business | name to be used is: | |
| Honor Wellness | | |
| The limited liability company is organized under the laws of: | | 5. The date of formation is: |
| RI | | 08-28-2023 |
| 6. Applicant is otherwise | authorized to do business in the state of Rhode Islan | nd. |
| | ry, I declare and affirm that I have examined this F ntained herein is true and correct. | ictitious Business Name Statement and |
| Name of Applicant Limited Liability Company | | Date |
| Allison Schoen-Cruz | | 11-14-23 |
| Signature of Authorized I | Person | L |
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| | ···-· | and michanian |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040
Website: www.sos.ni.gov

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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:

December 08, 2023 09:53 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

