RI SOS Filing Number: 202445156380 Date: 1/31/2024 2:04:00 PM



State of Rhode Island

**Department of State - Business Services Division** 

## **Application for Reservation of Entity Name**

DOMESTIC or FOREIGN Entity

- → Business Corporation Filing Fee: \$50.00
- → Partnership Filing Fee: \$50.00
- → Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$20.00

| . *                                    |                     |  |
|--|---------------------|--|
| REC'D RIDOS BSD<br>24 JAN 31 PH2:04:02 | \( \dagger{\psi} \) |  |

| The undersigned applicant applies for reservation of the follow period of 120 days from the date of this filing:   | ring entity name for a non-renew | /able           |  |
|--|----------------------------------|-----------------|--|
| 1. The name to be reserved is:   |                                  |                 |  |
| Arches Rhode Island, P.C.  |                                  |                 |  |
| 2. The name is being reserved for the entity type listed below:  |                                  |                 |  |
| Business Corporation (including Professional and Foreign Corporations) RIGL <u>7-1.2-403</u>   |                                  |                 |  |
| Partnership (including Foreign Partnerships) RIGL <u>7-13.1-115</u> or <u>7-12.1-906</u>   |                                  |                 |  |
| Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10   |                                  |                 |  |
| Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11.1   |                                  |                 |  |
| 3. 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 RI Department 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. |                                  |                 |  |
| 4. List the Name of Applicant: CT COrporation System   |                                  |                 |  |
| Address: 450 Veterans Memorial Prwy Suite 7a   |                                  |                 |  |
| City/Town:   | State: D1                        | Zip Code: 02914 |  |
| East Providence  |                                  |                 |  |
| 5. Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.   |                                  |                 |  |
| Submitted by:<br>CT Corporation System   |                                  |                 |  |
| Address: 450 Veterans Memorial Pkwy Suite Ta   |                                  |                 |  |
| City/Town: East Providence   | State: P4                        | Zip Code: 02914 |  |
| Signature of Authorized Person   |                                  | Date            |  |
|  | 1/31/2024                        |                 |  |
|  |                                  |                 |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY VBAKZ

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.

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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:

January 31, 2024 02:04 PM

Gregg M. Amore
Secretary of State

Tregs M. Coure

