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BY LKS P9447						5	-

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1,2-402</u>, the undersigned business 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:	2. The name of the Corporation is:							
<b>\</b>	RMS Recruitment Consultants Inc							
3. The fictitious business name to be used is:								
RS Healthcare								
4. The corporation is organize	ed under the laws of:	5. The date of incorporation	5. The date of incorporation is:					
Florida		08/11/2021						
6. The address of its registered office within Rhode Island is:								
Street Address 47 Wood Ave, Suite 2								
City Barrington	<u> </u>	State RHODE ISLAND	Zip 02806					
7. The business in which it is engaged:								
Employment/Staffing Agency								
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8. Applicant is otherwise authorized to do business in the state of Rhode Island.								
9. 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.								
Name of Authorized Officer o	f the Corporation		Date					
Roxanne Mennella			02/19/2024					
Signature of Authorized Officer of the Corporation								
Roxanne Mennella								
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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov S1. . . .