

Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

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1. Entity ID Number:	2. The name of co	orporation:		_		
	Filipino	Youth	Leadersh	ip Progr	am	Organization
3. The fictitious business nam						<u> </u>
Filipino You	ng Leader	s Prog	ram	(FYLPF	(0)	
4. The corporation is organized under the laws of:			5. The date of incorporation is:			
NV			04/16/2015			
Under penalty of perjury, I de information contained herein		at I have exam	nined this Fictit	ious Business i	Name	Statement and that the
Name of Applicant Non-Profit	Corporation	.l. 010 =	VI41.	leaderch	ن ۸	Program
Market	PRODU	THIND	yourn	LCHNC10.	ارارا 	Organization
Title of Authorized Person					Date	O ,
Tayo Medical	Advisor				(8	1/29/2024
Signature of Authorized Person	on			. <u>-</u>		•
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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 FEB 2 9 2024"1" BY V 332mi