

State of Rhode Island Department of State - Business Services Division

REC'D RIDGS BSD 724 MAR 12 PM 1:36:0

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:		
001719750	Arches Rhode Island PC		
3. The fictitious business	name to be used is:		
Arches Medical			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
Rhode Island		March 1, 2021	
6. The address of its regis	stered office within Rhode Island	d is:	
Street Address 450 Veterans	s Memorial Parkway, Suite 7A		
City East Providence		State RHODE ISLAND	Zip 02914
7. The business in which	it is engaged:	<u> </u>	
Medical Services			
	authorized to do business in the		
9. Under penalty of perjuinformation contained he	ry, I declare and affirm that I have rein is true and correct.	ve examined this Fictitious Busin	ness Name Statement and that the
Name of Authorized Officer of the Corporation			Date
Dr. Scott Wilson			3/11/2024
Signature of Authorized O	L-MD		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1:36

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BY PACTO

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.