



State of Rhode Island
Department of State - Business Services Division


Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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 a fictitious business name:

REC'D RIDOS ESD
24 MAR 28 PM 2:30:36

1. Entity ID Number: 1669384	2. The name of the Limited Liability Company is: Body Grateful Day Spa, LLC
3. The fictitious business name to be used is: Fox Wellness	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 12/22/2014
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
7. 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 Applicant Limited Liability Company Katelynn Volpigno	Date 3/25/2024
Signature of Authorized Person 	

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
MAR 28 2024
BY **PV8HX**

A.A. 2:30pm.

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