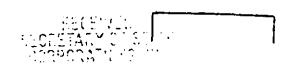


State of Rhode Island Department of State - Business Services Division



2024 AUG -7 PH 2: 30

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

ursuant to the provisions of RIGL $7-1.2-402$, the underside following statement for authority to transact business	signed business corporation her in the state of Rhode Island un	reby submits ider a	
titious business name: 1. Entity ID Number: 2. The name of the Corp.	oration is:	<u> </u>	
	·		
J FIVE COMPAN	Υ		
3. The fictitious business name to be used is:			
RESET AESTHETICS & WELLNESS			
4. The corporation is organized under the laws of:	5. The date of incorporation is:		
MASSACHUSETTS JUNE 3, 201		9	
6. The address of its registered office within Rhode Islands	nd is:	· · · · · · · · · · · · · · · · · · ·	
Street Address 20A WEST STREET			
City BARRINGTON	State RHODE ISLAND	^{Zip} 02806	
7. The business in which it is engaged:			
AESTHETICS			
8. Applicant is otherwise authorized to do business in th	e state of Rhode Island.		
Under penalty of perjury, I declare and affirm that I had information contained herein is true and correct.	ive examined this Fictitious Busin	ness Name Statement and that the	
Name of Authorized Officer of the Corporation	 , ·	Date	
JULIE M MCDONALD		7/31/2024	
Signature of Authorized Officer of the Corporation			
Juliem would			
L			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Websitz: www.sos.n.gov

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.rl.gov.

FORM 624A - Revised 017/074