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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7-16-9</u> 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:

1. Entity ID Number:	2. The name of the Limited Liability Company is:				
001778087	IVY MEDICAL GROUP LLC				:
3. The fictitious business nan	ne to be used is:				
Lumina Care Medica	al				
4. The state or country the entity is formed is:			5. The date of formation is:		
West Virginia			09/29/2021		
6. Applicant is otherwise authorized to do business in the state of Rhode Island.					
7. Under penalty of perjury, I information contained herein		have ex	amined this Fictitious Business	Name Statement a	and that the
Name of Applicant Limited Liability Company				Date	
IVY MEDICAL GROUP LLC				8/20/2024	
Signature of Authorized Pers	ON Signed by: 588F0909C07B4C+			1	18+12 4 14 . (*

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, a between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

- 30 - 30 - 4 f f State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 30, 2024 12:10 PM

Trey M. Coure

Gregg M. Amore Secretary of State

