

State of Rhode Island Department of State - Business Services Division

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:

1. Entity ID Number:	2. The name of corporation:			
001776887	THE ALLIE SAAD "LEARN, DO, HEAL AND LOVE" FOUNDATION			
3. The fictitious business nam	ne to be used is:			
THE ALLIE SAAD FOUNDATION				
4. The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:	
RHODE ISLAND		07/24/2024	07/24/2024	
Under penalty of perjury. I de information contained herein		examined this Fictitious Busines	s Name Statement and that the	
Name of Applicant Non-Profit	Corporation			
THE ALLIE SAAD "LEARN, DO, HEAL AND LOVE" FOUNDATION				
Title of Authorized Person			Date	
PATRICK O'DONNELL			9/9/2024	
Signature of Authorized Perso	on		- • • • •	
1. And the los				

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 SEP 11 2024

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.

FORM 626 Non-Profit - Revised: 08/2020

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:

September 11, 2024 09:00 AM

Areg M. Couve

Gregg M. Amore Secretary of State

