



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Professional Corporation
Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant business corporation is: Arches Rhode Island PC

SECTION II

The fictitious business name to be used is: VMD Primary Providers of Rhode Island PC

SECTION III

The state or territory under the laws of which it is incorporated is
State: RI Country: USA

SECTION IV

The date of incorporation is 02/24/2021

SECTION V

The address of its registered office within Rhode Island is:

No. and Street: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914

Name: CT CORPORATION SYSTEM

SECTION VI

The business in which it is engaged

MEDICAL SERVICES

SECTION VII

Applicant is otherwise authorized to do business in the state of Rhode Island.

Signed this 17 Day of September, 2024 at 12:40:38 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the*

electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

Arches Rhode Island PC

Name of Applicant Corporation

SANDEEP GREEN VASWANI

Signature of Authorized Officer

Form No. 624
Revised 09/07

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