RI SOS Filing Number: 202459654140 Date: 9/16/2024 3:01:00 PM



State of Rhode Island

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2024 SEP 16 PH 3: 01

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:		
001746407	Metro Physical, Occupational and Speech Therapy of CT, LLC		
3. The fictitious business i	name to be used is:		
Choice Physical T	herapy of Westerly		
4. The state or country the entity is formed is:		5. The date of formation is	
ст		RI - 9/21/2022	10/12/2021
	authorized to do business in		
7. Under penalty of perjur information contained her	y, I declare end affirm that I rein is true and correct.	have examined this Fictitious Busir	ness Name Statement and that the
Name of Applicant Limited Liability Company			Date
Michael Mayrsohn			9/10/2y
Signature of Authorized	erson	>	1

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

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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 16, 2024 03:01 PM

Gregg M. Amore

Secretary of State

Treg M. Coure

