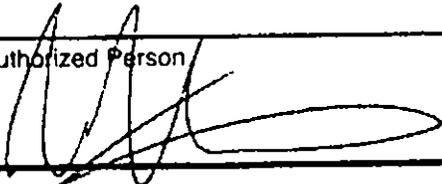


### Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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:<br><b>001746407</b>  | 2. The name of the Limited Liability Company is:<br><b>Metro Physical, Occupational and Speech Therapy of CT, LLC</b> |                        |
| 3. The fictitious business name to be used is:<br><b>Choice Physical Therapy of Westerly</b>  |   |                        |
| 4. The state or country the entity is formed is:<br><b>CT</b>   | 5. The date of formation is:<br><b>RI - 9/21/2022</b>   | <b>10/12/2021</b>      |
| 6. Applicant is otherwise authorized to do business in the state of Rhode Island.   |   |                        |
| 7. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct. |   |                        |
| Name of Applicant Limited Liability Company<br><b>Michael Mayrsohn</b>  |   | Date<br><b>9/10/24</b> |
| Signature of Authorized Person<br>   |   |                        |

**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 16 2024**  
**BY EJM/JP**  
**AA. 3:01 PM**

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.