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Affidavit of Unauthorized Formation

→ No Filing Fee

This affidavit is to be used to report the unauthorized formation of an entity with the RI Department of State Business Services Division.

I. COMPLAINANT'S INFORMATION			
1. Name - First Lateesha	Middle Initial (optional)	Last Rainey	
2. Street Address 321 Lowell Ave.	City/Town Providence	State RI	Zip Code 02909
II. STATEMENT			
3. I know or suspect that someone used my identity to file formation documents to establish a:			
<input type="checkbox"/>	- Business Corporation RIGL 7-1.2	<input checked="" type="checkbox"/>	- Limited Liability Company RIGL 7-16
<input type="checkbox"/>	- Non-Profit Corporation RIGL 7-6	<input type="checkbox"/>	- Limited Partnership RIGL 7-13.1
<input type="checkbox"/>	- Limited Liability Partnership RIGL 7-12.1		
Entity ID Number: 1114494 202454955710	The name of the entity is: Teesha Behavioral Services LLC		
4. I did not submit the formation documents for this entity, nor did I give permission for this entity to be filed with the RI Department of State Business Services Division.			
5. I have taken the following steps to report this unauthorized activity:			
<input checked="" type="checkbox"/>	I have reported the unauthorized formation to the US Federal Trade Commission.		
<input checked="" type="checkbox"/>	I have filed a police report with the <u>Providence</u> police department. The police report number is <u>24-77834</u> .		
<input checked="" type="checkbox"/>	Other: <div style="border: 1px solid black; padding: 5px;">I have left a voicemail with the State of Rhode Island office of the Secretary of State. I will also be filing a police report with the Providence Police soon.</div>		

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



State of Rhode Island
Department of State - Business Services Division

III. CERTIFICATION		
I, <u>Lateesha Rainey</u> , (complainant's name) declare and affirm that I have examined this Affidavit of Unauthorized Formation and all statements contained herein are true and correct.		
Type or Print Name of Complainant	<u>Lateesha Rainey</u>	Date <u>9/17/2024</u>
Signature of Complainant <u>Lateesha Rainey</u>		SIGN DOCUMENT HERE
Notary		
State: <u>Rhode Island</u>	County: <u>Providence</u>	
Subscribed and sworn to (or affirmed) before me on this <u>18</u> day of <u>September</u> , 20 <u>24</u> , by <u>Lateesha Rainey</u> (name of complainant), who proved to me through satisfactory evidence of identification to be the person who appeared before me.		
Type or Print Name of Notary Public	<u>JOCELYN LOPEZ</u>	Commission ID # <u>772259</u>
		Commission Expiration <u>7/10/2028</u>
Signature of Notary Public <u>Joelyn Lopez</u>		SIGN DOCUMENT HERE

JOCELYN LOPEZ
Notary Public, State of Rhode Island
My Comm. Expires 07/10/2028

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 notaries@sos.ri.gov.