



**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

**Domestic Limited Liability Company  
Fictitious Business Name Statement**

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The legal name of the applicant limited liability company is: Newport Medical Associates, LLC

**SECTION II**

The fictitious business name to be used is: Newport County Medical Associates LLC

**SECTION III**

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

**SECTION IV**

The date of organization is 09/04/2024

**Signed this 10 Day of October, 2024 at 11:42:18 AM.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

Newport Medical Associates, LLC

Name of Applicant Limited Liability Company

EVERETT A. PETRONIO, JR., ESQ.

Signature of Authorized Person

Form No. 624  
Revised 09/07



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:

October 10, 2024 11:41 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

