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## State of Rhode Island Department of State - Business Services Division

## RECEIVED ASSETANT OF SIGHT CORPORATIONS TO

## Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2024 NOV 19 ANTI: 29

. Entity ID Number:		2. The name of the Limited Liability Company is:	
001764186	Peace of Mind R	Peace of Mind Referrals LLC	
3. The fictitious business	name to be used is:		
Age Ambassador	s		
4. The state or country the entity is formed is:  Rhode Island		5. The date of form	10/12/2023
6. Applicant is otherwise	authorized to do business in	the state of Rhode Island.	s Ausiness Name Statement and that the
7. Under penalty of perjuinformation contained he	ury, I declare and affirm that I erein is true and correct.	have examined this rictious	s Business Name Statement and that the
Name of Applicant Limited Liability Company Helen C. Hames			11/11/2024
Signature of Authorized	Person		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov . FILED

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t. 11:29 AM.

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.

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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:

November 19, 2024 11:29 AM

Gregg M. Amore Secretary of State

Treg M. Coure

