



State of Rhode Island
Department of State - Business Services Division

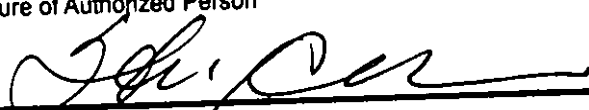
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

Fictitious Business Name Statement
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2024 NOV 19 AM 11:29

Pursuant to the provisions of RIGL _____ 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: 001764186	2. The name of the Limited Liability Company is: Peace of Mind Referrals LLC
3. The fictitious business name to be used is: Age Ambassadors	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 10/12/2023
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 Helen C. Hames	Date 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.ri.gov

FILED
NOV 19 2024
BY XY CPO
AA. 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.