



**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: INSPIRE Physical Therapy and Wellness, LLC

SECTION II

The fictitious business name to be used is: INSPIRE Mobile Therapy Group

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 04/23/2020

Signed this 6 Day of January, 2025 at 9:26:45 PM. *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.*

INSPIRE Physical Therapy and Wellness, LLC
Name of Applicant Limited Liability Company

SHAYLA ADAMS
Signature of Authorized Person

Form No. 624
Revised 09/07