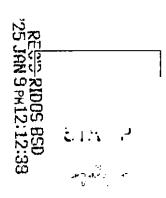


## State of Rhode Island Department of State - Business Services Division

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7-16-9</u> 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:  | 2. The name of the Limited Liability Company is: |                              |          |
|---|--|------------------------------|----------|
| 001771558   | Veterinary Emergency Group, LLC                  |                              |          |
| 3. The fictitious business name to be used is:  |  |                              |          |
| VEG ER for Pets   |  |                              |          |
|   |  |                              |          |
| 4. The state or country the entity is formed is:  |  | 5. The date of formation is: | <u> </u> |
| DE  |  | 06/26/2017                   | <i>)</i> |
| 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   |  |                              | Date     |
| Veterinary Emergency Group, Inc.  |  |                              | 1/1/2025 |
| Signature of Authorized Person  |  |                              |          |
|   | cuSigned by:                                     |                              |          |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 9 2025 STE. . 3
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