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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:			
001784275	JENNIFER DAZZ NETWORK LLC			
3. The fictitious business nar	me to be used is:			
ACH Professionals				
4. The state or country the entity is formed is:		5. The date of form	5. The date of formation is:	
RI		01-15-2025	01-15-2025	
6. Applicant is otherwise auti	norized to do business in	the state of Rhode Island.		
7. Under penalty of perjury, I information contained herein		have examined this Fictiliou	s Business Name Statement and that the	
Name of Applicant Limited Liability Company			Date	
Jennifi	er Dantzl	er	1/22/2025	
Signature of Authorized Person				
Jennie Duntzler				
	•			

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 2:29
JAN 22 2025
BY AZZINI

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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:

January 22, 2025 02:29 PM

Gregg M. Amore Secretary of State

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