



State of Rhode Island  
Department of State - Business Services Division

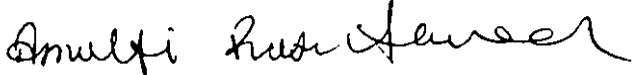
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## Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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:  001704237	2. The name of the Limited Liability Company is:  Healthcare Connect, LLC
3. The fictitious business name to be used is:  Gigi's Home Care	
4. The state or country the entity is formed is:  Rhode Island	5. The date of formation is:  02-03-2020
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
7. <i>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.</i>	
Name of Applicant Limited Liability Company  AMALFI ROSARIO	Date  03-04-2025
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](http://www.sos.ri.gov)

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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](mailto:corporations@sos.ri.gov).