State of Rhode Island
Department of State - Business Services Division

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit corporation 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 corporation:
000122575	Rhode Island Disaster Medical Assistance Team, Inc.

3. The fictitious business name to be used is:

Triage Training Group

4. The corporation is organized under the laws of:	5. The date of incorporation is:
Rhode Island	01/24/2002

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 Non-Profit Corporation

Brooke Lawrence

Title of Authorized Person	Date
Secretary	10 APR 25

Signature of Authorized Person

FILED

APR 10 2025

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BY 8QWSB

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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.