

Pursuant to the provisions of PICL 7.16.0 the undersigned limited liability company bereful

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## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

	ment for authority to transact busin		under
1. Entity ID Number:	2. The name of the Limited Liability Company is:		
001752880	Bend Speech and Language Clinic, LLC		
3. The fictitious business in Westerly Reading	name to be used is: and Speech Clinic, LLC		_
4. The state or country the entity is formed is:		5. The date of formation is:	
Rhode Island		February 16, 2023	
6. Applicant is otherwise a	authorized to do business in the sta	ite of Rhode Island.	
7. Under penalty of perjury information contained here	y. I declare and affirm that I have e ein is true and correct.	xamined this Fictitious Business	Name Statement and that the
Name of Applicant Limited Liability Company			Date
Bend Speech and Lar	nguage Clinic, LLC		4/0925
Signature of Authorized B	brson		

MAIL TO:

**Division of Business Services** 148 W. River Street, Provicence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 15 2025

BY BYWHZ