



State of Rhode Island
Department of State - Business Services Division

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MP
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 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: 001781497	2. The name of the Limited Liability Company is: U'nique Diversity Innovation LLC
3. The fictitious business name to be used is: U'nique Diversity Holistic Health & Wellness Center	
4. The state or country the entity is formed is: RI	5. The date of formation is: 4/23/25 11/8/2024
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 Shanee Vega	Date 4/23/25
Signature of Authorized Person <i>Shanee Vega</i>	

MAIL TO:

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

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STAMP
APR 23 2025
BY *V95FD*
AA. 2:24 pm

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.



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

April 23, 2025 02:24 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

