



State of Rhode Island  
Department of State - Business Services Division

**Fictitious Business Name Statement**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

**STAMP**FOR  
SECRETARY OF STATE  
JUL 6, 2025

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business 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 the Corporation is:  Asterism USA, Inc.	
3. The fictitious business name to be used is:  Asterism Healthcare			
4. The corporation is organized under the laws of:  Oregon		5. The date of incorporation is:  June 18, 2014	
6. The address of its registered office within Rhode Island is:			
Street Address SEG Hub, 10 Davol Square, Suite 100			
City Providence		State RHODE ISLAND	Zip 02903
7. The business in which it is engaged:  Research, development, sales, and import/export of functional ingredients and nutraceuticals Planning, production, and sales of IT software and digital content Research, development, sales, and import/export of pet food and animal healthcare products			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
9. 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 Authorized Officer of the Corporation  Pabel Delgado			Date  June 5, 2025
Signature of Authorized Officer of the Corporation 			

**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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JUN 04 2025

SECRETARY OF STATE

BY   
GEFDV

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).



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:

June 04, 2025 01:13 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

