



State of Rhode Island  
Department of State - Business Services Division

## Application for Reservation of Entity Name

DOMESTIC or FOREIGN Entity

- Business Corporation Filing Fee: \$50.00 → Partnership Filing Fee: \$50.00  
→ Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$20.00

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The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing:

1. The name to be reserved is:

Trusted Medical Research Institute

2. The name is being reserved for the entity type listed below:

- ☐ Business Corporation (including Professional and Foreign Corporations) RIGL 7-1.2-403  
☐ Partnership (including Foreign Partnerships) RIGL 7-13.1-115 or 7-12.1-906  
☒ Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10  
☐ Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11.1

3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

4. List the Name of Applicant:

Corporation Service Company

Address:

251 Little Falls Drive

City/Town:

Wilmington

State:

DE

Zip Code:

19808

5. Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.

Submitted by:

Corporation Service Company

Address:

251 Little Falls Drive

City/Town:

Wilmington

State:

DE

Zip Code:

19808

Signature of Authorized Person

Michele G. Abbott

Date

08/15/2025

### 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)

FILED

AUG 18 2025

BY 3XJNT

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:

August 18, 2025 12:05 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

