



State of Rhode Island
Department of State - Business Services Division

Fictitious Business Name Statement

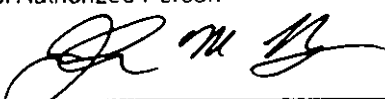
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 SEP 22 P 12: 25

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: 001686301	2. The name of the Limited Liability Company is: John M. Bean, MA, LMHC, LLC
3. The fictitious business name to be used is: SALUS	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 07/16/2018
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 John M. Bean, MA, LMHC, LLC	Date 9/17/2025
Signature of Authorized Person  John M. Bean	

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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SEP 22 2025
BY KV KGRGK
12:25PM

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:

September 22, 2025 12:25 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

