



State of Rhode Island  
Department of State - Business Services Division


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2023 APR 14 PM 1:33

**Fictitious Business Name Statement**  
DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit 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: <b>001749893</b>	2. The name of corporation: <b>FAMILY HEALTH DATA NETWORK</b>
3. The fictitious business name to be used is: <b>FHDN</b>	
4. The corporation is organized under the laws of: <b>Rhode Island</b>	5. The date of incorporation is: <b>12/19/2022</b>
<i>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.</i>	
Name of Applicant Non-Profit Corporation <b>ERIC STEPHENS</b>	
Title of Authorized Person <del>ERIC STEPHENS</del> <b>President</b>	Date <b>3/22/2023</b>
Signature of Authorized Person 	

**Eric R Stephens**

**3/20/2023**

**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**

**APR 14 2023**

BY SHUWI

**A.A. 1:33pm.**

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:

April 14, 2023 01:33 PM

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

Gregg M. Amore  
*Secretary of State*

