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## State of Rhode Island

## **Department of State - Business Services Division**



## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> 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:	2. The name of corporation: Global Sunivo	- leade-shop	In titute
3. The fictitious business name to be used is:  Survivor Institute			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
RI		9/24/2021	
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 Non-Profit Corporation			
Dr. Omar Bah			
Title of Authorized Person	President		05 (01/2024
Signature of Authorized Person			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED STAIMP MAY 01 2024 SECRITIVATOR TABLE BY OMOY?

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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:

May 01, 2024 12:25 PM

Gregg M. Amore Secretary of State

Treg M. Coure

