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## State of Rhode Island

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

## RECEIVED R.H. DEPTLOF STATE, III BUG SVOS IIII

## Fictitious Business Name Statement

**DOMESTIC or FOREIGN Business Corporation** 

, → Filing Fee: \$50.00

2024 JAN 25 P 1: 35

		ned business corporation hereby to the state of Rhode Island under		
fictitious business name:				
Entity ID Number:	2. The name of the Corporation is:			
000668224	Arrivia, Inc.			
3. The fictitious business nam	e to be used is:			
ATTN Traveler				
4. The corporation is organized under the laws of:		5. The date of incorporation	5. The date of incorporation is:	
Delaware		5/20/2011	5/20/2011	
6. The address of its registered office within Rhode Island is:				
Street Address 450 Veterans Memorial Parkway, Suite 7A				
City East Providence		State RHODE ISLAND	Zip 02914	
7. The business in which it is engaged:				
Seller of travel				
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 o	f the Corporation		Date	
Trevor Steege, Secretary			Jan 08 2024	
Signature of Authorized Office	er of the Corporation			
			1	

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 2 5 2024

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.

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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:

January 25, 2024 01:35 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

