



Domestic LLC Reservation of Entity Name  
Reference: QS - 620 - 10809

State of Rhode Island and Providence Plantations

**FILED**

FEB 20 2014

BY WPOS - 10809  
10:28 AM

**Office of the Secretary of State  
Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040**

**Limited Liability Company Reservation of Entity Name**

(Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended)

**The Fee for this Form is:**

**Total Cost of Online Filing Will Be**

The undersigned applicant hereby applies for reservation of the following entity name for a nonrenewable period of one hundred twenty (120) days from the date of this filing.

**Business Name\***

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 Secretary 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.

**Name of Applicant:**

**First Name\***

**Middle Initial**

**Last Name\***

**Phone**

**Address of Applicant:**

**Street 1\***

**Street 2**

**City\***

**State\***

**Zip\***

**Contact Information**

**Prefix**

**First Name\***

**Middle Initial**

**Last Name\***

**Suffix**

**Title**

**Phone\***

**Fax**

**Email**

**Contact Address****Street 1\*****1610 Plainfield Circle****Street 2****City\*****Cranston****State\*****Rhode Island****Zip\*****02920****Signed By****First Name\*****David****Middle Initial****F****Last Name\*****Jones****Phone**

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Email of Signer****Contact Company (If different from filing)**

Signature

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws §-26.

**Address of Signer****Street 1\*****1610 Plainfield Circle****Street 2****City\*****Cranston****State\*****Rhode Island****Zip\*****02920**

Affidavit:

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws §-26. You hereby agree that any legal issues or causes of action arising from the submission of this filing will be litigated under the statutes and common laws of the State of Rhode Island. If this document is filed inaccurately, defectively or erroneously executed, acknowledged or otherwise defective in any respect, the secretary of state has no liability to any individual for the preclearance for filing, the acceptance for filing or the filing and indexing of this instrument by the secretary of state.

**Accept\*****Yes****Date Signed and Submitted:****10:28 AM Thu Feb 20 2014**



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

