

Filing Fee: \$50.00

ID Number: \_\_\_\_\_



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2014 AUG -6 PM 2:55
SECRETARY OF STATE
CORPORATIONS DIV

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

- 1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Chifferobe Events, LLC
2. The fictitious business name to be used is Tropigals
3. The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4. The date of incorporation, organization or formation is August 6, 2014
5. If a business corporation, the address of its registered office within Rhode Island is
6. If a business corporation, the business in which it is engaged
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 8/7/2014

Chifferobe Events, LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED
AUG 08 2014
By 229924
AA 2:55 p.m.

By \_\_\_\_\_
Signature of Authorized Officer of the Corporation

or
By [Signature]
Signature of Authorized Person for the Limited Liability Company

or
By \_\_\_\_\_
Signature of Authorized Person for the Limited Partnership