Filing Fee: \$50.00 ID Number: 1060091



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

## 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 corpora                                       | ntion, limited liability company or limited partnership is                      | <b>3</b> :      |          |
|------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------|----------|
| 2.                                 | The fictitious business name to be used is Sky                                         | Lounge                                                                          |                 |          |
| 3.                                 | The state or territory under the laws of which it is                                   | incorporated, organized or formed is Rhode Island                               | i               |          |
| 4.                                 | The date of incorporation, organization or formation                                   | on is February 12, 2015                                                         | 22              |          |
| 5.                                 | If a business corporation, the address of its registered office within Rhode Island is |                                                                                 | <b>5</b> JUN -  |          |
| 6.                                 | If a business corporation, the business in which it                                    | is engaged                                                                      | <u> </u>        | THOMS D  |
| 7.                                 | Applicant is otherwise authorized to do business i                                     | n the state of Rhode Island.                                                    | 606             | VE VE    |
|                                    |                                                                                        | Under penalty of perjury, I declare that the inform herein is true and correct. | nation c        | ontained |
| Date:                              |                                                                                        | F & F LLC                                                                       |                 |          |
|                                    |                                                                                        | Name of Applicant Corporation, Limited Liability Company or Limited Partnership |                 |          |
|                                    | FILED -                                                                                | BySignature of Authorized Officer of the Corporation                            | <del></del>     |          |
| JUN 0 8 2015  BY 0 250 37 3  11:04 |                                                                                        | or or                                                                           |                 |          |
|                                    |                                                                                        | By Signature of Authorized Person for the Limited Lia                           | ,<br>ability Co | mpany    |
|                                    |                                                                                        | <u>or</u>                                                                       | -               | -        |
|                                    |                                                                                        | By                                                                              |                 |          |