Filing Fee: \$50.00

ID Number: <u>1663926</u>



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:

corporation, limited liability company or limited partr	nership is:
S 579 Benefit Street Restaurant	
nich it is incorporated, organized or formed is Rhod	le Island
formation is	2016 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0
20	<u> </u>
which it is engaged Restaurant	AH 8:
Under penalty of perjury, I declare that the herein is true and correct.	he information contain
THE 579 LLC	
Name of Applicant Corporation, Limited Liability Co By Signal fre of Authorized Officer of the Co	
	S 579 Benefit Street Restaurant nich it is incorporated, organized or formed is Rhoc r formation is 06/07/2016 its registered office within Rhode Island is 20 which it is engaged Restaurant Under penalty of perjury, I declare that therein is true and correct. THE 579 LLC Name of Applicant Corporation, Limited Liability Corporation, Liability Corporation, Liability Corporation, Liability Corporation, Liability Corporation, Liability Corporation, Liability

Signature of Authorized Person for the Limited Partnership