

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

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:

- The legal name of the applicant business corporation, limited liability company or limited partnership is:
Twisted Cellar LLC
- The fictitious business name to be used is Cellar Fine Wines RI
- The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
- The date of incorporation, organization or formation is 8/10/2016
- If a business corporation, the address of its registered office within Rhode Island is _____
450 Veterans Memorial Parkway, Suite 7A, East Providence, Rhode Island 02914
- If a business corporation, the business in which it is engaged Wine, Liquor and Beer Distribution
- Applicant is otherwise authorized to do business in the state of Rhode Island.

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SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG 10 PM 2:59

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

Date: 8/9/16

Twisted Cellar LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

By [Signature]
Signature of Authorized Person for the Limited Liability Company
George Carabotta, Managing Partner of Twisted Cellar LLC.

By _____
Signature of Authorized Person for the Limited Partnership

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By A.A. 2:59pm



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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 blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

