



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2016 SEP 26 PM 3:27

## APPLICATION FOR RESERVATION OF ENTITY NAME

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

**The Silver Top Diner, Dining, Catering and Novelites, LLC**

*(Name to be Reserved)*

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

**(Check One Only)**

- |   | <b>Filing Fee</b> |
|---|-------------------|
| <input type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended.             | <b>(\$50.00)</b>  |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.                          | <b>(\$50.00)</b>  |
| <input checked="" type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended. | <b>(\$50.00)</b>  |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.                  | <b>(\$20.00)</b>  |

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.

3:27 pm  
**FILED**

SEP 26 2016

By 284378

KM

Date: 9/26/2016

Name and Address of Applicant:

Patricia A. Brown  
6 Jackson Avenue  
Johnston, RI 02919

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

Submitted by:

Patricia Brown  
(Signature)  
6 Jackson Ave.  
Johnston RI 02919  
(Address, if different from above)



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:

Nellie M. Gorbea  
*Secretary of State*

