



PROVISIONAL  
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 2016 OCT 24 PM 12:32

**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number <p style="font-size: 1.2em; margin: 0;">001667498</p>	2. Exact Name of the Limited Liability Company <p style="font-weight: bold; margin: 0;">JAZZ NAPOLITANO REALTY, LLC</p>
3. The fictitious business name to be used is: <p style="font-weight: bold; margin: 0;">REMAX ON THE MOVE</p>	
4. The state or country the entity is formed is: <p style="font-weight: bold; margin: 0;">RHODE ISLAND</p>	5. The date of formation is: <p style="font-size: 1.2em; margin: 0;">10/14/16</p>
6. Applicant is otherwise authorized to do business in the state of Rhode Island. <p style="font-weight: bold; margin: 0;"><i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i></p>	
Name of Applicant Limited Liability Company <p style="font-weight: bold; margin: 0;">JAZZ NAPOLITANO REALTY, LLC</p>	Date <p style="font-weight: bold; margin: 0;">10-12-16</p>
Signature of Authorized Person <div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">X</div> <div style="font-family: cursive; font-size: 1.5em; margin-right: 20px;">J. Napolitano</div> <div style="border: 1px solid gray; padding: 2px 5px; font-size: 0.8em; opacity: 0.5;">SIGN DOCUMENT HERE</div> </div>	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

OCT 24 2016

By 284760  
 A. H. 12:32 p.m.



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*

