



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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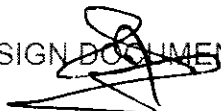
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**Fictitious Business Name Statement**

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 <b>1663814</b>	2. Exact Name of the Limited Liability Company <b>AIM LLC</b>
3. The fictitious business name to be used is: <b>HYDRO P.U.N.C</b>	
4. The limited liability company is organized under the laws of: <b>Rhode Island</b>	5. The date of formation is: <b>06/02/16</b>
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<b><i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i></b>	
Name of Applicant Limited Liability Company <b>Ameth Alzate</b>	Date <b>11/04/16</b>
Signature of Authorized Person  SIGN DOCUMENT HERE	

**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** ✓

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BY **Ch 287898**  
**3:24**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



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*

