

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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:

Entity ID Number		2. Exact Name of the Limited Liability Company		
	Camp Nowhere UC			
3. The fictitious business				
	amy Nowhere			
4. The state or country the entity is formed is:		5. The date of formation is:	5. The date of formation is:	
Rhore	le Island	3/16/17	7	
Applicant is otherwise authorized to do business in the state of Rhode Island.				
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.				
Name of Applicant Limited Liability Company			Date	
Camp Nowhere UC			3/16/17	
Signature of Authorized Person				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED

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BY 29836

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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:

March 16, 2017 11:50 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

