

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby

R.I. DEPT. OF STATE BUS SYES DIV

2017 APR 20 PM 1: 48

## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ Filing Fee: \$50.00

submits the following statement for authority to transact business in the state of reflode Island dide:  a fictitious business name:	
1. Entity ID Number	2. Exact Name of the Limited Liability Company
1659533.	OMensah Fleet Services, LLC.
3. The fictitious business name to be used is:	
O'Mensah Auto & Truck Services	
4. The state or country the en	tity is formed is:  5. The date of formation is:
MA	- 1/12/16
6. 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 Lia	Ability Company  Bingsley Mensul 04/20/17
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 APR 2 0 2017

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