

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	2. Exact Name of the Limited Liability Company		
001663974	Consumer Staples and Replenishment LC		
3. The fictitious business name to be used is:			
CSR LLC			
The state or country the entity is formed is:		5. The date of formation is:	
RI.		6/8/16	
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 Liability Company			Date
Poetriek	Greichen		10/31/17
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