

## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL <u>7-16-9</u> 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			
001657057	Bellevue Capital Partners, LLC			
3. The fictitious business name to be used is:				
Bellevue Asset Management				
4. The state or country the entity is formed is:		5. The date of forma	5. The date of formation is:	
Delaware		9/24/2015	9/24/2015	
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		Date	
Bellevue Capital Partners, LLC			11/17/2017	
Signature of Authorized Person				
My 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 **FILED** 

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