

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 <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	
001669483 CASTL, LLC		
3. The fictitious business nam	ne to be used is:	
Safe House Security		
4. The limited liability company is organized under the laws of:		5. The date of formation is:
Rhode Island		12/28/2016
6. Applicant is otherwise auth	orized to do business in the state of Rhode Island	d.
	declare and affirm that I have examined this Fi ned herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
CASTL, LLC		12/15/2017
Signature of Authorized Perso	and 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

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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.



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:

December 20, 2017 11:45 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

