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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:

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SECRETARY OF STATE
CORPORATIONS DIV
2018 JAN 23 PH 12: 57

1. Entity ID Number 🚱	2. Exact Name of the Limited Liability Company	
001675801	Service Area 5 Cable, LLC	
3. The fictitious business n	name to be used is:	
Full Channel	•	
4. The limited liability company is organized under the laws of:   Delaware		5. The date of formation is:
		7/25/2017
6. Applicant Is otherwise a	uthorized to do business in the state of Rhode Island.	
Under penalty of perjury that the information con	, I declare and affirm that I have examined this Fic tained herein is true and correct.	titious Business Name Statement and
Name of Applicant Limited Liability Company		Date
Service Area 5 Cable, LLC		1/22/2018
Signature of Authorized Pe	erson _	
llen C	Race W. Mary Branch	

MAIL TO:

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

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

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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:

January 23, 2018 12:57 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

