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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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1. Entity ID Number:	2. The name of the Limited Liability Company is:						
1680342	ERPM	LL	C				
3. The fictitious business name to be used is:							
TOP CLIMBER TREE SERVICE							
4. The state or country the en	tity is formed is:		5. The date of formati	on is:			
RI			1/10/30	2/8			
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 Statement and that the information contained herein is true and correct.							
Name of Applicant Limited Lia	ibility Company				Date		
ERPM	LLC				5/3/2018		
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

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:

May 03, 2018 01:07 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

