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(B)	

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

CORPORATIONS D

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	
	Bolster LLC	
3. The fictitious business	name to be used is:	
TextUp	•	
4. The limited liability cor	mpany is organized under the laws of:	5. The date of formation is:
Rhode Island		August <u>15</u> , 2018
6. Applicant is otherwise	authorized to do business in the state of Rhode Island	nd.
	ry, I declare and affirm that I have examined this F intained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limite	ed Liability Company	Date
Boister LLC		August 15, 2018
Signature of Authorized	Person Manufacture Hent	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov

FILED

AUG 15 2018

BY KL 337019

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.

FORM 524B LLC - Revised: 11/2017

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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:

August 15, 2018 03:47 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

