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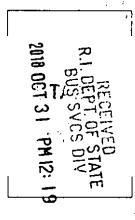


Fictitious Business Name Statement

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:



Entity ID Number	2. Exact Name of the Limited Liability Company	
001678185	Home Advocate, LLC	
3. The fictitious business	name to be used is:	
HomeX Consumer Solu	utions	
The limited liability company is organized under the laws of:		5. The date of formation is:
Delaware		10/19/2017
6. Applicant is otherwise	authorized to do business in the state of Rhode Islan	d.
	y, I declare and affirm that I have examined this F ntained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
Home Advocate, LLC		10.29.18
Signature of Authorized F	Person	· · · · · · · · · · · · · · · · · · ·
Laura Wi	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 FILEDMP

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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:

October 31, 2018 12:19 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

