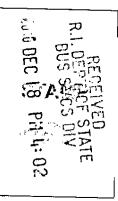
NOPE	

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

 $\rightarrow$  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 Compa	anv
1690874 1st Shred, LLC	
3. The fictitious business name to be used is:	
Shred N Go	
4. The limited liability company is organized under the laws of:	5. The date of formation is:
RI	12/14/2018
6. Applicant is otherwise authorized to do business in the state of Rhode Isla	and
Under penalty of perjury, I declare and affirm that I have examined this that the information contained herein is true and correct.	Fictitious Business Name Statement and
Name of Applicant Limited Liability Company	Date
1st Shred, LLC	12/18/2018
Signature of Authorized Person	
()	

V

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 DEC 1 8 2018

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 624B LLC - Revised: 11/2017



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 18, 2018 04:02 PM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

