



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


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2019 MAR 15 PM 1:14

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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 001670605	2. Exact Name of the Limited Liability Company SHM Sakonnet, LLC
3. The fictitious business name to be used is: Safe Harbor Sakonnet	
4. The limited liability company is organized under the laws of: Delaware	5. The date of formation is: 2-1-2017
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>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.</i>	
Name of Applicant Limited Liability Company SHM Sakonnet, LLC	Date 3-12-2019
Signature of Authorized Person 	

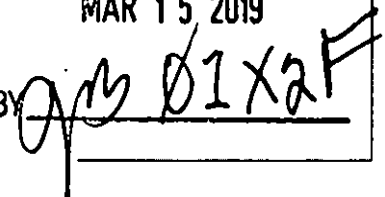
MAIL TO:

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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BY

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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:

March 15, 2019 01:14 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

