

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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Entity ID Number	Exact Name of the Limited Liability Compan	2. Exact Name of the Limited Liability Company	
000713829	DAI, LLC		
3. The fictitious business	name to be used is:		
DAI Restore			
The limited liability company is organized under the laws of:		5. The date of formation is:	
Rhode Island		09-26-2011	
6. Applicant is otherwise	authorized to do business in the state of Rhode Isla	nd.	
	y, I declare and affirm that I have examined this intained herein is true and correct.	Fictitious Business Name Statement and	
Name of Applicant Limited Liability Company		Date	
Thomas Gervasio		5124119	
Signature of Authorized F	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

MAY 28 2019

BY 25QK6

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

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