

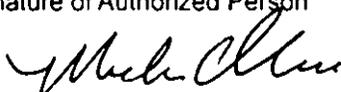


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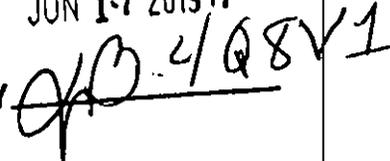
Fictitious Business Name Statement
 DOMESTIC or FOREIGN Limited Liability Company

→ 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 1676314 | 2. Exact Name of the Limited Liability Company DePalma Construction LLC | |
| 3. The fictitious business name to be used is: Unbelievable Home Care | | |
| 4. The limited liability company is organized under the laws of: Rhode Island. | | 5. The date of formation is: 6/17/19 |
| 6. Applicant is otherwise authorized to do business in the state of Rhode Island. | | |
| 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. | | |
| Name of Applicant Limited Liability Company Michael A. DePalma Sr. | | Date 6/17/19 |
| Signature of Authorized Person  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

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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.