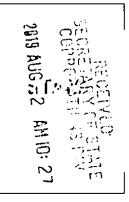


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

## **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 Company	
001697356	SHM Newport Shipyard, LLC	
3. The fictitious business	name to be used is:	
Safe Harbor Newport Ship	yard	
4. The limited liability company is organized under the laws of:		5. The date of formation is:
Delaware		-6112/19
6. Applicant is otherwise	authorized to do business in the state of Rhode Island	d.
	y, I declare and affirm that I have examined this Fi ntained herein is true and correct.	ctitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
SHM Newport Shipyard, LLC		8-1-19
Signature of Authorized F	Person	<b>1</b>
	SIGN DOCLIMENT HERE	
C	11	

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.n.gov

AUG 0 2 2019 KL B9K8K

FILED

**S**<sup>-</sup> Ú

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.



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:

August 02, 2019 10:27 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

