

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby

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R.I. DEPT. OF STATE

BUS SVCS DIV

2019 SEP - 4 P 4: 22

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

STAILP

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submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:	
Entity ID Number 2. Exact Name of the Limited Liability Company	'''
1671921 Neddeh's Gathen LLC	
3. The fictitious bysiness name to be used is: Dedden Litting North Main	
The limited liability company is organized under the laws of:	5. The date of formation is:
RI	3/17/2017
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	Date
Orddeh's letchen LLC	9/06/19
Signature of Authorized Person	
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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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