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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 2. Exact Name of the Limited Liability Company 001696225 **Grow Room LLC** 3. The fictitious business name to be used is: Earport 4. The limited liability company is organized under the laws of: 5. The date of formation is: RI 05-21-2019 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 Melvin Rafiq Graham Signature of Authorized Person elvin R Drahägngocument HEPE

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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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:

September 25, 2019 12:38 PM

Nellie M. Gorbea Secretary of State

Tullin U. Korler

