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Fictitious Business Name Statement DOMESTIC or FOREIGN Limited Liability Company		R.I. DEI BUS 2019 SEP
→ Filing Fee: \$50.00		P 27 F
	RIGL <u>7-16-9</u> the undersigned limited liability com nt for authority to transact business in the state of	
1. Entity ID Number	2. Exact Name of the Limited Liability Compan	
001700291	AMOURAMORE LLC	
3. The fictitious business nam	ne to be used is:	
PILLOW,	PERSPECTIVE	
4. The limited liability company is organized under the laws of:		5. The date of formation is:
RHODE ISLAND		9/25/19
6. Applicant is otherwise auth	orized to do business in the state of Rhode Islan	nd.
Under penalty of perjury, I of that the information contains	declare and affirm that I have examined this I ned herein is true and correct.	Fictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
anouramore LC		9/27/19
Signature of Authorized Person	on	
L' Stephane	i Passareliagi. 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
SEP 27 2019
BY MD4JB

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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 27, 2019 01:02 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

