



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 001018599		2. Exact Name of the Limited Liability Company NOXIMAZE SOFTWARE SOLUTIONS, LLC	
3. The fictitious business name to be used is: Noximaze Consulting Services			
4. The limited liability company is organized under the laws of: Rhode Island		5. The date of formation is: 12-09-2014	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.			
<i>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.</i>			
Name of Applicant Limited Liability Company Simon Aaron Cousins		Date 9/20/19	
Name of Applicant Limited Liability Company noximaze software solutions LLC		Date 9/20/19	
Signature of Authorized Person <i>S. A. Cousins</i> SIGN DOCUMENT HERE			

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2019 SEP 30 A 10:10

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 30 2019
 BY J. D. O'KX
 A.A. 10:10 A.M.