

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STA

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ 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:

Entity ID Number:	2. The name of the Limited Liability Company is:		
	Conve	vience More	(TROD, 11C
3. The fictitious business name to be used is:			
4. The state or country the entity is formed is: 5. The date of formation is:			
21		10/7/19	
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 Lia	ability Company		Date / /
Jeweth C. Veing ve			10/7/19
Signature of Authorized Person			
SION DOCUMENT HERE			
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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 COCT 07 2019 P

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