

Fictitious Business Name Statement

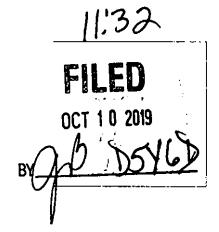
DOMESTIC or FOREIGN Limited Partnership

 \rightarrow Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-13-2</u> the undersigned limited partnership 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 Partnership	
000542514	Ricon Contracting LLC	
3. The fictitious business	name to be used is	
Ace Construction		
4 The limited partnership is organized under the laws of:		5. The date of formation
Rhode Island		10/7/2019
6. Applicant is otherwise a	authorized to do business in the st	ate of Rhode Island.
	y, I declare and affirm that I have ntained herein is true and correc	e examined this Fictitious Business Name Statement and st.
Name of Applicant Limited Partnership		Date
Louis M Paiva	10/7/2019	
Signature of Authorized P	Person	
16	SIGN DOC	LUMENT HURL

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos ri gov







State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

October 10, 2019 11:32 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

