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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

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SECRETARY OF STATE
CORPORATIONS DIV

## Fictitious Business Name Statement DOMESTIC or FOREIGN Limited Liability Company

2019 NOV 27 PM 12:064 MP

→ 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

1. Entity ID Number	2. Exact Name of the Limited Liability Compar	ny
	SC Restaurant,LLC.	
3. The fictitious business	name to be used is:	
Apsara Palace	Restaurant	
4. The limited liability con	npany is organized under the laws of:	5. The date of formation is:
State of Rhode Island	•	11/27/2019
6. Applicant is otherwise	authorized to do business in the state of Rhode Isla	and.
	y, I declare and affirm that I have examined this ntained herein is true and correct.	Fictitious Business Name Statement and
Name of Applicant Limite	d Liability Company	Date
SC Restaurant, LLC.		11/20/19
Signature of Authorized F	Person	<u> </u>
So	Med SIGN 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 FILEGTAMP

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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:

November 27, 2019 12:06 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

