



2019 NOV 27 PM 12:064MP

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 | 2. Exact Name of the Limited Liability C | Company | | |
|--|---|--------------|--------------------|------------|
| | SC Restaurant,LLC. | | | |
| 3. The fictitious business nam | e to be used is: | | | |
| Apsara Palace Rest | taurant | | | |
| 4. The limited liability compan | y is organized under the laws of: | - | 5. The date of for | mation is: |
| State of Rhode Island | • | _ | 11/27/ | 2019 |
| 6. Applicant is otherwise authorise | orized to do business in the state of Rho | de 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 | |
| SC Restaurant, LLC. | | | 11/20/1 | 9 |
| Signature of Authorized Perso | on | | . | |
| Dori | sign document h | IERE | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILERTAMP

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100:61. A. D. A.

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624B LLC - Revised 11/2017