

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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## **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:

1. Entity ID Number	2. Exact Name of the Limited Liability Company	
967696	Edgeword Restaurant Holding	s.UC
3. The fictitious business	name to be used is:	
Brass Munka	4	
4. The limited liability company is organized under the laws of:		5. The date of formation is:
Rhode Island		7/2014/30
6. Applicant is otherwise a	authorized to do business in the state of Rhode Islan	d.
Under penalty of perjury that the information con	y, I declare and affirm that I have examined this F stained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
Kimberly Cota		0<  05
Signature of Authorized P	erson	
Kunbalis G	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 **FILED** 

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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