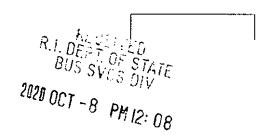
RI SOS Filing Number: 202062569820 Date: 10/8/2020 12:08:00 PM





## 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	<u></u>
a fictitious hyginage name:	

a rictilious business name:				
1. Entity ID Number:	2. The name of the Limited Liability Company is:			
000792431	Jump City Providence LLC			
3. The fictitious business name to be used is:				
SKY ZONE PROVIDENCE				
4. The state or country the en	tity is formed is:	5. The date of formation is:		
MA		08-13-2012		
6. Applicant is otherwise authorise	orized to do business in the state	e of Rhode Island.		
Under penalty of perjury, I dec information contained herein i	clare and affirm that I have examis true and correct.	nined this Fictitious Business Na	ame Statement and that the	
Name of Applicant Limited Lia				
CASEY MCLEAR			10 6 2020	
Signature of Authorized Person	on			

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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BY 12:08

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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 08, 2020 12:08 PM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

