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1 2020 OCT 20 A 9 541



State of Rhode Island Department of State - Business Services Division

Fictitious Business Name Statement DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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| 1. Entity ID Number: | 2. The name of the Limited Liability Company is: | | | |
|--|---|----------------------------------|--|---------------------------------------|
| 001702139 | Groundswell Garden and | Groundswell Garden and Home, LLC | | |
| 3. The fictitious busines | s name to be used is: | | magnetic control of the second | · · · · · · · · · · · · · · · · · · · |
| Groundswell Garden + H | ome | | | |
| 4. The state or country the entity is formed is: | | 5. The date of formation is: | | |
| Rhode Island | | 11/22/2019 | | |
| 6. Applicant is otherwise | authorized to do business in | the state of Rhode Island. | | |
| | r, I declare and affirm that I ha erein is true and correct. | ve examined this Fictitious E | usiness Name Statement and th | at the |
| Name of Applicant Limit | ed Liability Company | | Date | |
| Groundswell Garden and Home, LLC | | | 10/15/2020 | |

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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FOR SECRETARY OF STATE USE ONLY

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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 20, 2020 09:54 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

