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:

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a notification of the control of the					
Entity ID Number	2. The name of the Limited Liability Company is:				
001712891	LHL Industries LLC				
3. The fictitious business name to be used is:					
Block Island Ghost Tours					
4. The state or country the en	tity is formed is:	5. The date of formation is:	The date of formation is:		
Rhode Island		9/16/2020			
6. Applicant is otherwise authorized to do business in the state of Rhode 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 Liability Company			Date		
Holly Herdm	an / LHL Indi	ustries LLC	146/20		
Signature of Authorized Person					
Hally Skil					

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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