

State of Rhode Island **Department of State - Business Services Division**

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R.I. DEP., CUSTATE

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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. The name of the Limite		ed Liability Company is:						
000795572	Blue Line Design, LLC							
3. The fictitious business name to be used is:								
Stitch Witch								
4. The state or country the en	tity is formed is:	5. The date of formation is:						
RI		01/04/2013	01/04/2013					
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 Lia	ability Company		Date					
Russell P hayes			10/31/2020					
Signature of Authorized Perso	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

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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.

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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:

November 04, 2020 03:45 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

