



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Fictitious Business Name Statement**

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant business corporation is: LA FAMILIA RESTAURANT INC

SECTION II

The fictitious business name to be used is: EL TIPICO RESTAURANT

SECTION III

The state or territory under the laws of which it is incorporated is
State: RI Country: USA

SECTION IV

The date of incorporation is 04/01/2019

SECTION V

The address of its registered office within Rhode Island is:

No. and Street: 983 CRANSTON STREET
City or Town: CRANSTON State: RI Zip: 02920
Name: JUAN PEREZ

SECTION VI

The business in which it is engaged
RESTAURANT

SECTION VII

Applicant is otherwise authorized to do business in the state of Rhode Island.

Signed this 12 Day of November, 2020 at 2:25:22 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

LA FAMILIA RESTAURANT INC
Name of Applicant Corporation

PATRICIA MARTINEZ
Signature of Authorized Officer

Form No. 624
Revised 09/07

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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 12, 2020 02:22 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

