



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

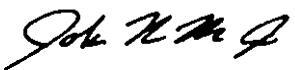
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R.I. DEPT. OF STATE  
BUS. SVCS. DIV.  
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FOR  
SECRETARY OF  
STATE ONLY

### 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  001670608	2. Exact Name of the Limited Liability Company  SHM Cowesett, LLC
3. The fictitious business name to be used is:  Safe Harbor Apponaug	
4. The limited liability company is organized under the laws of:  Delaware	5. The date of formation is:  1/27/2017
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>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.</i>	
Name of Applicant Limited Liability Company  SHM Cowesett, LLC	Date  12/08/2020
Signature of Authorized Person   SIGN DOCUMENT HERE	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED  
DEC 09 2020  
BY CN 06886  
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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](mailto:corporations@sos.ri.gov).

FORM 624B LLC - Revised: 11/2017