

State of Rhode Island

Department of State - Business Services Division

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:

1. Entity ID Number: 2. The name of the Limited Liability Company is.			
001708817	Beautrus	Enterpris	se. LLC
3. The fictitious business nam	ne to be used is:	1	
Megan Maker Designs, LLC			
4. The state or country the en	tity is formed is:	5. The date of formation is	5.
Rhode Island 06-16-2020			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 Lia	ability Company		Date
Olektner-Calixte Keavban			12/12/20
Signature of Authorized Person			
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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

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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:

December 16, 2020 01:41 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

