



State of Rhode Island

Department of State - Business Services Division

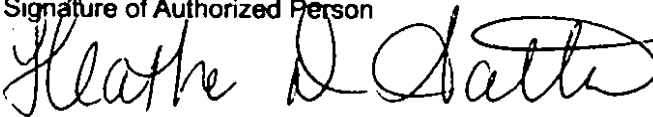
Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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R.I. DEPT. OF STATE
BUS SVCS. DIV.
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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: 001701841	2. The name of the Limited Liability Company is: Backoffice Ally, LLC
3. The fictitious business name to be used is: Satterley Accounting Services	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 11-12-2019
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 Backoffice Ally, LLC	Date 01/15/2021
Signature of Authorized Person  CEO	

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.