State of Rhode Island
Department of State - Business Services Division

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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 Limited Liability Company is:
17 19225	**Amelia's Adventures LLC**

3. The fictitious business name to be used is:

Newport Vip Concierge

4. The state or country the entity is formed is:	5. The date of formation is:
RI	2/11/2021

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 Liability Company	Date
Sharon A. Sullivan	February 5, 2021

Signature of Authorized Person

[signature]

FILED

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STAMP

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.

FORM 624B LLC - Revised: 08/2020

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:

February 11, 2021 02:29 PM

Nellie M. Gorbea
Secretary of State