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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT, OF STATE BUS SYCS DIV

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1,2-402</u>, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

Entity ID Number	2. Exact Name of the Corporation			
000959392	CME In Transit, Inc			
3. List the fictitious business name to be used:				
The Knotted Leash				
4. List the state or country the entity is incorporated:		5. List the date of incorporation	5. List the date of incorporation:	
Rhode Island		07-15-2014	07-15-2014	
6. List the address of its registered office within Rhode Island:				
Street Address 625 Alton Carolina Road				
City Charlestown		State RHODE ISLAND	Zip 02813	
7. List the business in which i Handmade pet supplies (do	• •			
8. 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 State and that the information contained herein is true and correct.				
Name of Authorized Officer of the Corporation			Date	
Andrea Winkelman, DCP, CME			2/11/2021	
Signature of Authorized Officer of the Corporation Constitution Consti				

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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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 19, 2021 12:00 PM

Nellie M. Gorbea
Secretary of State

Tulli U. Horler

