



State of Rhode Island

Department of State - Business Services Division

**Fictitious Business Name Statement**

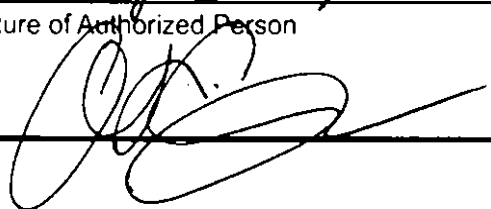
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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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:<br><b>001682695</b>                                                                                                                                   | 2. The name of the Limited Liability Company is:<br><b>FIVE DIAMOND REAL ESTATE LLC</b> |
| 3. The fictitious business name to be used is:<br><b>Concep Roofs</b>                                                                                                      |                                                                                         |
| 4. The state or country the entity is formed is:<br><b>RI</b>                                                                                                              | 5. The date of formation is:<br><b>3/22/2018</b><br><b>08/20/2021</b>                   |
| 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<br><b>Anthony Concepcion</b>                                                                                                   | Date<br><b>8/19/2021</b>                                                                |
| Signature of Authorized Person<br>                                                      |                                                                                         |

**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 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:

August 23, 2021 09:32 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a light blue circular watermark that matches the state seal.

Nellie M. Gorbea  
*Secretary of State*

