

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE

2021 SEP -3 A 11: 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. Exact Name of the Limited Liability Company		
001726153	Evergreen ATM LLC		
3. The fictitious business name to be used is:			
Getcoins			
4. The limited liability company is organized under the laws of:			5. The date of formation is:
RI			08/10/2021
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 \$/19/2_/
Renee Sines			8/1912_/
Signature of Authorized Person Acres Sign DOCUMENT HERE			
The foregoing instrument we me this I day of Curby Penul Sines (name of person seeking Notary Public	yas acknowledged before guot 20 g acknowledgement)	REBECA NOEMY ESCOB Notary Public Anne Arundel Cot Maryland My Commission Expires J	ınty
My Commission Expires:	W28/2023		FILED n

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov