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## **Department of State - Business Services Division**

**Arielle LLC** 

## **Fictitious Business Name Statement**

3. The fictitious business name to be used is:

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

1. Entity ID Number:

000621012

1.....

Pursuant to the provisions of RIGL <u>7-16-9</u> 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:

2. The name of the Limited Liability Company is:

PH 2: 44
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and under
:
<del>-</del>
s Name Statement and that the

4. The state or country the entity is formed is:	5. The date of formation is:
Rhode Island	03-29-2011
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 e information contained herein is true and correct.	xamined this Fictitious Business Name Statement and that the
Name of Applicant Limited Liability Company	Date
Amanda Cortellesso	11-03-2021
Signature of Authorized Person	· 

MAIL TO:

Division of Business Services

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

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

**FILED** 

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A.A. Q:44pm

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.

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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:

November 08, 2021 02:44 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

