



State of Rhode Island  
 Department of State - Business Services Division

**Application for Reservation of Entity Name**

DOMESTIC or FOREIGN Business Corporation, Limited Partnership,  
 Limited Liability Company or Non-Profit Corporation

- Business Corporation Filing Fee: \$50.00
- Limited Partnership Filing Fee: \$50.00
- Limited Liability Company Filing Fee: \$50.00
- Non-Profit Corporation Filing Fee: \$20.00

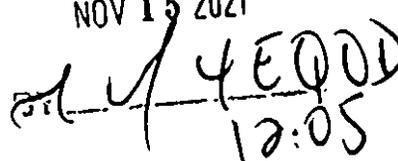
RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
**STAMP**  
 2021 NOV 15 PM 12:05  
SECRETARY OF STATE  
 USE ONLY

The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing (other than as provided under RIGL 7-13-3):

1. The name to be reserved is: <b>Newport Automobile Vault, LLC</b>		
2. The name is being reserved for the entity type listed below:		
<input type="checkbox"/> Business Corporation (including Professional and Foreign Corporations) RIGL 7-1.2-403 <input type="checkbox"/> Limited Partnership (including Foreign Limited Partnerships) RIGL 7-13-3 <input checked="" type="checkbox"/> Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10 <input type="checkbox"/> Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11.1		
3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.		
4. List the Name of Applicant: <b>Matthew Lyons</b>		
Address: <b>513 Broadway</b>		
City/Town: <b>Newport</b>	State: <b>RI</b>	Zip Code: <b>02840</b>
<i>Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.</i>		
Submitted by: <b>Matthew Lyons</b>		
Address: <b>513 Broadway</b>		
City/Town: <b>Newport</b>	State: <b>RI</b>	Zip Code: <b>02840</b>
Signature of Authorized Person 		Date: <b>11/12/2021</b>

**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**

NOV 15 2021  
  
 12:05

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

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:

November 15, 2021 12:05 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

