



State of Rhode Island  
Department of State - Business Services Division

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# Fictitious Business Name Statement

DOMESTIC or FOREIGN ~~Business Corporation~~

→ Filing Fee: \$50.00

7-16-11

Pursuant to the provisions of RIGL ~~7-1-2-402~~, 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:

|                                                                                                                                                                            |                                                                                    |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------|
| 1. Entity ID Number:<br>001725516                                                                                                                                          | 2. The name of the <del>Corporation</del> is:<br>Whilden Fisheries, LLC <i>LLC</i> |              |
| 3. The fictitious business name to be used is:<br>Fox Island Oysters                                                                                                       |                                                                                    |              |
| 4. The corporation is organized under the laws of:<br>Rhode Island                                                                                                         | 5. The date of incorporation is:<br>06/14/2021                                     |              |
| 6. The address of its registered office within Rhode Island is:<br>Street Address <u>146 Westminster Street</u>                                                            |                                                                                    |              |
| City<br>Providence                                                                                                                                                         | State<br>RHODE ISLAND                                                              | Zip<br>02903 |
| 7. The business in which it is engaged:<br>Fishing and sale of seafood and all activities related thereto                                                                  |                                                                                    |              |
| 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 Statement and that the information contained herein is true and correct. |                                                                                    |              |
| Name of Authorized Officer of the <del>Corporation</del><br>Harry F. Whilden, III <i>llc</i>                                                                               |                                                                                    | Date         |
| Signature of Authorized Officer of the Corporation<br><i>[Signature]</i> <i>llc</i>                                                                                        |                                                                                    |              |

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://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](mailto: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 26, 2021 01:48 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

