| State of Rhi<br>Departm |
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tate of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1,2-402</u>, 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   | 2. Exact Name of the Corporation |       |                     |             |                         |
|---|----------------------------------|-------|---------------------|-------------|-------------------------|
| 87801   | HONG KON                         | G Bu  | FFETIN              | <u>st.</u>  |                         |
| 3. List the fictitious business   |                                  |       |                     |             |                         |
| HONG KON  | IG EXPRESS                       |       | 1                   |             |                         |
| 4. List the state or country the  | e entity is incorporated:        | 5.    | List the date of in | corporation | •                       |
| RHODE IS  | LAND                             |       | 1/18/1              | 1996        | ·                       |
| 6. List the address of its registered office within Rhode Island:                                     |                                  |       |                     |             |                         |
| Street Address<br>De Hundlig Acre Pond Ropp EAST<br>City WCH-IWGSTON State<br>RHODE ISLAND Zin 102893 |                                  |       |                     |             |                         |
| west . 14   | ingston                          | Sta   | ate<br>RHODE ISLAI  | ND          | Zin 102893-             |
| 7. List the business in which it is engaged:  |                                  |       |                     |             |                         |
| To operate a  |                                  | ····· | •                   | falie       | - out Services          |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island.                     |                                  |       |                     |             |                         |
| Under penalty of perjury, I the information contained I   |                                  |       | nined this Fictiti  | ous Busin   | ess Name State and that |
| Name of Authorized Officer o  | f the Corporation                |       |                     |             | Date                    |
| CINISY CI   |                                  |       |                     |             | 6/15/2022               |
| Signature of Authorized Officer of the Corporation  |                                  |       |                     |             |                         |
| ( New C   | en sigpt                         |       | NT HERE             |             |                         |
| 0   | δ '                              |       |                     |             |                         |

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 JUN 2 1 2022

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.

FORM 624 Corporation - Revised: 06/2016

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:

June 21, 2022 01:26 PM

Tullin U. Kolen

Nellie M. Gorbea Secretary of State

