



State of Rhode Island

Department of State - Business Services Division

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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: 001738444	2. The name of the Limited Liability Company is: MORRIS LANDSCAPE CARE LLC
3. The fictitious business name to be used is: AUGUSTA LANDSCAPE SERVICES OF COVENTRY	
4. The state or country the entity is formed is: RI	5. The date of formation is: 4/4/22
6. Applicant is otherwise authorized to do business in the state of Rhode Island. YES	
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 BRADEN MORRIS MORRIS LANDSCAPE CARE, LLC	Date 12-22-2022
Signature of Authorized Person Braden Morris	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: 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.



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:

December 27, 2022 01:46 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea
Secretary of State

