

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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:

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·	2022 DEC 27 PM 1:46	R.I. DERT. OF STATE BUSISYCS DIV	

Entity ID Number: 2. The name of the Limited Liab	bility Company is:				
001738444 MORRIS LANDSCAPE CARE LLC					
3. The fictitious business name to be used is:					
AUGUSTA LAMINCARE SERVICES OF COVENTRY					
4. The state or country the entity is formed is: 5. The date of formation is:					
	4 4				
R/	4/4/22				
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 examined this Fictitious Business Name Statement and that the information contained herein is true and correct.					
Name of Applicant Limited Liability Company		Date			
BRADEN MORRIS MORRIS LANDSE,	12-21-2022				
Signature of Authorized Person /					
Bylon Mores					

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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