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|   | 2023      | JAN        | 24                           | P   | 12: | 19       |

## Statement of Abandonment of Use of Fictitious Business Name

fictitious business name in the transaction of business in the state of Rhode Island and submits the

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to RIGL <u>7-1.2-402,</u> the undersigned business corporation hereby abandons the use of a

| 1. Entity ID Number  O 1689857  REW WORLD PROCESSING INC  3. List the fictitious business name to be abandoned:  LASALLE AUTO & TIRE REPAIR  4. The date when the original fictitious name statement was filed is:  5 - 15 - 2019  5. List the state or country the entity is incorporated   6. List the date of incorporation:  R. J.  7. List the address of its registered office within Rhode Island.  Street Address  492 RESER VOIR AVE  City CRANSTON   State RHODE ISLAND   D2910  Under penalty of perjury, I declare that the information contained herein is true and correct.  Name of Authorized Officer of the Corporation   Date    L21AS MAKHLOUF  Signature of Authorized Officer of the Corporation   Date    L223 Signature of Authorized Officer of the Corporation   Date    L234 Signature of Authorized Officer of the Corporation   Date    L244 Signature of Authorized Officer of the Corporation   Date    L254 Signature of Authorized Officer of the Corporation   Date    L255 Signature of Authorized Officer of the Corporation   Date    L265 Signature of Authorized Officer of the Corporation   Date    L267 Signature of Authorized Officer of the Corporation   Date    L274 Signature of Authorized Officer of the Corporation   Date    L275 Signature of Authorized Officer of the Corporation   Date    L276 Signature of Authorized Officer of the Corporation   Date    L277 Signature of Authorized Officer of the Corporation   Date    L277 Signature of Authorized Officer of the Corporation   Date    L277 Signature of Authorized Officer of the Corporation   Date    L277 Signature of Authorized Officer of the Corporation   Date    L278 Signature of Authorized Officer of the Corporation   Date    L279 Signature of Authorized Officer of the Corporation   Date    L279 Signature of Authorized Officer of the Corporation   Date    L279 Signature of Authorized Officer of the Corporation   Date    L270 Signature of Authorized Officer of the Corporation   Date    L270 Signature of Authorized Officer of the Corporation   Date    L270 Signature of Auth | following:   |                                    |       |  |  |  |  |
|--|--|------------------------------------|-------|--|--|--|--|
| 4. The date when the original fictitious name statement was filed is:  5 - 15 - 2019  5. List the state or country the entity is incorporated   6. List the date of incorporation:   |  |                                    |       |  |  |  |  |
| 4. The date when the original fictitious name statement was filed is:  5 - 15 - 2019  5. List the state or country the entity is incorporated:  R. T.   6. List the date of incorporation:    1 - 09 - 2018  7. List the address of its registered office within Rhode Island:  Street Address 4/92 RESERVOIR AVE  City CRANSTON   State RHODE ISLAND   D2910  Under penalty of perjury, I declare that the information contained herein is true and correct.  Name of Authorized Officer of the Corporation   Date    E2/AS MAKHLOUF   1-24-23  |  |                                    |       |  |  |  |  |
| 5-15-2019  5. List the state or country the entity is incorporated $R.I.$ 6. List the date of incorporation: $R.I.$ 7. List the address of its registered office within Rhode Island: Street Address $2492$ $RESERVOIR$ $AVE$ City $CRANSTON$ State $RHODE$ ISLAND $State$     | LASALLE AUTO & TIRE KEPAIR   |                                    |       |  |  |  |  |
| 5. List the state or country the entity is incorporated   C. List the date of incorporation:   | 4. The date when the original fictitious name statement was filed is:                          |                                    |       |  |  |  |  |
| R. T. $11-09-7018$ 7. List the address of its registered office within Rhode Island:  Street Address $2/92$ RESERVOIR AVE  City CRANSTON State RHODE ISLAND $0.2910$ Under penalty of perjury, I declare that the information contained herein is true and correct.  Name of Authorized Officer of the Corporation Date  E2/AS MAKHLOUF $1-24-23$  | 5-15-2019  |                                    |       |  |  |  |  |
| 7. List the address of its registered office within Rhode Island:  Street Address 492 RESERVOIR AVE  City CRANSTON State RHODE ISLAND Zip D2910  Under penalty of perjury, I declare that the information contained herein is true and correct.  Name of Authorized Officer of the Corporation Date  E21AS MAKHLOUF 1-24-23  | List the state or country the entity is incorporated:  | 6. List the date of incorporation: |       |  |  |  |  |
| Street Address $\frac{2}{92}$ RESER VOIR AVE  City CRANSTON State RHODE ISLAND $\frac{2}{90}$ D2910  Under penalty of perjury, I declare that the information contained herein is true and correct.  Name of Authorized Officer of the Corporation Date  E2/AS MAKHLOUF $\frac{1}{24-23}$  | R.I.   | 11-02-2018                         |       |  |  |  |  |
| City CRANSTON State RHODE ISLAND State RHODE ISLAND D2910  Under penalty of perjury, I declare that the information contained herein is true and correct.  Name of Authorized Officer of the Corporation Date $E2/AS$ MAKHLOUF $I-24-23$   | 7. List the address of its registered office within Rhode Island:                              |                                    |       |  |  |  |  |
| CRANSTON  Under penalty of perjury, I declare that the information contained herein is true and correct.  Name of Authorized Officer of the Corporation  E2/AS MAKHLOUF  Date  1-24-23   | Street Address<br>492 RESERVOIR AVE  |                                    |       |  |  |  |  |
| Name of Authorized Officer of the Corporation  E2/AS MAKHLOUF  Date  1-24-23   | CRANSTON   |                                    | D2910 |  |  |  |  |
| EZIAS MAKHLOUF 1-24-23   | Under penalty of perjury, I declare that the information contained herein is true and correct. |                                    |       |  |  |  |  |
|  |  | Date                               |       |  |  |  |  |
| Signature of Authorized Officer of the Corporation   | EZIAS MAKHLOUF   | 1-24-23                            |       |  |  |  |  |
| ella de la companya della companya d | Signature of Authorized Officer of the Corporation   |                                    |       |  |  |  |  |
|  |  |                                    |       |  |  |  |  |

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 7214 STAINS JAN 24 2023 BYN 5126K

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.