



State of Rhode Island

Department of State - Business Services Division

**Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

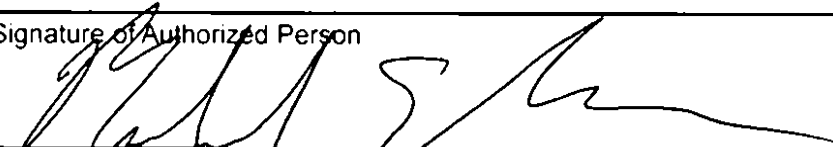
→ Filing Fee: \$50.00

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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: 001666706	2. The name of the Limited Liability Company is: Virtual Estimating, LLC
3. The fictitious business name to be used is: esp Photography	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 2/20/2023
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>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.</i>	
Name of Applicant Limited Liability Company Virtual Estimating, LLC	Date 2/20/2023
Signature of Authorized Person 	

**MAIL TO:**

Division of Business Services

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

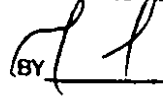
Phone: (401) 222-3040

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).