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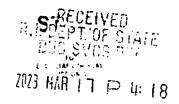
State of Rhode Island

## **Department of State - Business Services Division**

## **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:

1. Entity ID Number:	2. The name of the Limited Liability Company is:		
001679403	SMB 1	1 C	
3. The fictitious business name to be used is:			
Pick & Pay			
4. The state or country the entity is formed is:		5. The date of formation is:	
Rhode Island		12-05-2017.	
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
Sishan Baymacha		ny a	03/17/2023
Signature of Authorized Person			
	35th		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 7 2023 L.P BY\_ZT2 X 5 RI SOS Filing Number: 202331148770 Date: 3/17/2023 4:18:00 PM



I, GREGG M. AMORE, 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:

March 17, 2023 04:18 PM

Gregg M. Amore Secretary of State

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