

Fictitious Business Name Statement

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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:	2. The name of the Limited Liability Company is:			
001755227	Transom Post OpCo, LLC			
3. The fictitious business name to be used is:				
Bose Professional				
4. The state or country the entity is formed is:		5. The date of formation is:		
Delaware		10/05/2022	10/05/2022	
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 Li	ability Company		Date	
RUSSELL ROENICK, PRESI	DENT		03/17/2023	
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

FILED R **3 0** 2023

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.rl.gov.

FORM 624B LLC - Revised. 08/2020

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 30, 2023 01:49 PM

Areg M. Couve

Gregg M. Amore Secretary of State

