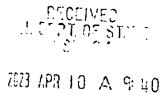


## **Fictitious Business Name Statement**

**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. Exact Name of the Limited Liability Company	
001749815	Drains RI LLC	
3. The fictitious business r	name to be used is:	
Zoom Drain Rhode Islan	nd	
The limited liability company is organized under the laws of:		5. The date of formation is:
RI		12-15-2022
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
	, I declare and affirm that I have examined this Fa tained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limited Liability Company		Date
Allison Roberge		3/27/23
Signature of Authorized Po	HUSIGNOS PERC	

111 03/27/2023

LEE TEVEROW Notary Public-State of Rhode Island My Commission Expires December 18, 2026

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

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.

FORM 624B LLC - Revised: 11/2017