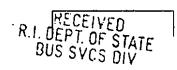
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FOR SPCRETARY OF STATE

Fictitious Business Name Statement DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

	of RIGL <u>7-16-9</u> the undersigner ement for authority to transact t		
Entity ID Number: 2. The name of the Limited Liability Company is:			
001753849	Turnkey Locksmith RI LLC		
3. The fictitious business	name to be used is:		*
Turnkey Locksmit	:h		
4. The state or country the entity is formed is:		5. The date of formation is:	
Rhode Island		03-06-2023	
6. Applicant is otherwise	authorized to do business in th	ne state of Rhode Island.	
Under penalty of perjury, information contained he		e examined this Fictitious	Business Name Statement and that the
Name of Applicant Limited Liability Company			Date
David M Lake			04-07-2023
Signature of Authorized I	Person		
1 Oans	m L		

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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STAMP

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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:

April 12, 2023 01:43 PM

Gregg M. Amore

Tregs M. Coure



