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## State of Rhode Island

## Department of State - Business Services Division

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

## **Fictitious Business Name Statement**

**DOMESTIC** or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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a fictitious business name:

1. Entity ID Number:

2. The name of the Limited Liability Company is:

3. The fictitious business name to be used is:

4. The state or country the entity is formed is:

5. The date of formation is:

1115/201

6. Applicant is otherwise authorized to do business in the state of Rhode Island.

7. 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

Canada Aake

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 STAMP

BY 11:17

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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:

June 14, 2023 11:12 AM

Gregg M. Amore

Secretary of State

Tregs M. Coure

