

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

RECEIVED R.I. DEPT. OF STATE BUS SYCS DIV

2023 JUN 30 P 12: 25

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:			
1759363	363 West Shore Cafe LLC			
3. The fictitious business name to be used is:				
Tropical Smoothie Cafe				
4. The state or country the entity is formed is: 5. The date of formation			. The date of formation is:	
RI			6-23-2023	
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			Date	
James R Dumont Jr				6-29-23
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

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BY XDMY & SPM

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.