



State of Rhode Island
Department of State - Business Services Division

Application for Reservation of Entity Name

DOMESTIC or FOREIGN Entity

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

→ Business Corporation Filing Fee: \$50.00 → Partnership Filing Fee: \$50.00
→ Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$20.00

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The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing:

| | | |
|--|---------------------|---------------------------|
| 1. The name to be reserved is: <i>Inspiration 1</i> | | |
| 2. The name is being reserved for the entity type listed below: | | |
| <input type="checkbox"/> Business Corporation (including Professional and Foreign Corporations) RIGL 7-1,2-403 <input type="checkbox"/> Partnership (including Foreign Partnerships) RIGL 7-13,1-115 or 7-12,1-906 <input type="checkbox"/> Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10 <input checked="" type="checkbox"/> Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11,1 | | |
| 3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee. | | |
| 4. List the Name of Applicant: <i>Ernest E. Simmons</i> | | |
| Address: <i>172 Bellevue Avenue</i> | | |
| City/Town: <i>Newport</i> | State: <i>RI</i> | Zip Code: <i>02840</i> |
| 5. Under penalty of perjury, I declare and affirm that the information contained herein is true and correct. | | |
| Submitted by: <i>Ernest E. Simmons</i> | | |
| Address: <i>172 Bellevue Avenue 301 A</i> | | |
| City/Town: <i>Newport</i> | State: <i>RI</i> | Zip Code: <i>02840</i> |
| Signature of Authorized Person <i>Ernest E. Simmons</i> | | Date <i>8/1/23</i> |

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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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.



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:

August 01, 2023 02:41 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

