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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

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## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ Filing Fee: \$50.00

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: Station Street Bakery, LLC 3. The fictitious business name to be used is: The Cookie Truck 4. The state or country the entity is formed is: 5. The date of formation is: Rhode Island 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 Station Street Bakery, LLC 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

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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:

August 07, 2023 02:25 PM

Gregg M. Amore Secretary of State

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