| State of Rhode Island<br>Department of State - Business Services Division   |                                  |                                  |   |  |
|---|----------------------------------|----------------------------------|---|--|
| Fictitious Business Name Statement<br>DOMESTIC or FOREIGN Business Corporation  |                                  |                                  | RECEIVED<br>R.I. DEPT. OF STATE<br>BUS SVCS DIV |  |
| -> Filing Fee: \$50.00  |                                  |                                  |   |  |
| Pursuant to the provisions of RIGL <u>7-1,2-402</u> , the undersigned business corporation hereby submits $023 \ 021 \ -b \ P \ 2:51$ the following statement for authority to transact business in the state of Rhode Island under a <u>fictitious business name</u> : |                                  |                                  |   |  |
| 1. Entity ID Number:  | 2. The name of the Corporation   | in is:                           |   |  |
| 001676957   | First Class Auto Sales           | rst Class Auto Sales, Inc.       |   |  |
| 3. The fictitious business name to be used is:  |                                  |                                  |   |  |
| CARS PRIMO  |                                  |                                  |   |  |
| 4. The corporation is organized under the laws of:  |                                  | 5. The date of incorporation is: |   |  |
| RI  |                                  | 09-06-2017                       |   |  |
|   | d office within Rhode Island is: |                                  |   |  |
| Street Address<br>815 TAUNTON AVE   |                                  |                                  |   |  |
| City<br>EAST PROVIDENCE   |                                  | State<br>RHODE ISLAND            | <sup>Zip</sup><br>02914                         |  |
| 7. The business in which it is e AUTOMOTIVE SALES   | engaged:                         |                                  |   |  |
| TITLE: 7-1.2-1701   |                                  |                                  |   |  |
|   |                                  |                                  |   |  |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island.   |                                  |                                  |   |  |
| 9. Under penalty of perjury, I d<br>information contained herein is   |                                  | amined this Fictitious Busin     | ess Name Statement and that the                 |  |
| Name of Authorized Officer of   | the Corporation                  |                                  | Date  |  |
| FOUAD ASSI  |                                  |                                  | 10/6/2023                                       |  |
| Signature of Authorized Office  | r of the Corporation             |                                  |   |  |

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:

October 06, 2023 02:51 PM

Treng M. Course

Gregg M. Amore Secretary of State

