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State of Rhode Island **Department of State - Business Services Division**

5 . A h ?

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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 a fictitious business name:

1, Entity ID Number:	2. The name of the Limited Liability Company is:				
001704967	Mavis Tire Supply LLC				
3. The fictitious business name to be used is:					
Melvin's Tire & Auto					
4. The state or country the entity is formed is:		5. The date	5. The date of formation is:		
Delaware		02/19/202	02/19/2020		
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		
Mavis Tire Supply LLC			10/13/2023		
Signature of Authorized Person					
How both					

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 JERMU

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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:

October 17, 2023 02:06 PM

Gregg M. Amore Secretary of State

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