State of Rhode Island Department of State - Business Services D	Divisio
Department of State - Business Services L	J۱۷

Certificate of Correct Limited Liability Company  No. 8	1/1/04/14	RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2023 OCT 27 P 12: 08
Pursuant to the provisions of Ri submits the following Certificate	GL <u>7-16-13</u> the undersigned limited liability compan of Correction:	y hereby
Entity ID Number:	2. The name of the limited liability company is:	
901774	M & M Transport Services, LLC	
3. The document to be correct	ed is:	
fictitions B	siness Name	
4. The name of the individual(s	s) who signed the document being corrected is:	•
Denise M. Lukowitz		
5. The date the document bein	g corrected was originally filed on:	
	or of transcription or other technical error, or the defe	
Incorrect corpor	nationaling in Fictitious Fort Services INCRI'	SUSMESS Name
		eck the box to indicate an attachment
7. The new corrected portion o	f the document states as follows:	
Cornect fictiti	us Bushess Number	
I'm'sm T	ransport services LLC RI	• {

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

8. As required by RIGL 7-16-67, the entity has paid all fees and taxes.

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 27 2023

BY (CRS6A

Check the box to indicate an attachment L



Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 27 P 12: 08

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

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submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name: 2. The name of the Limited Liability Company is: 1. Entity ID Number: M & M Transport Services, LLC 001760336 3. The fictitious business name to be used is: M & M Transport Services, LLC RI 4. The state or country the entity is formed is: 5. The date of formation is: 07-14-2023 DE 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 M & M Transport Services, LLC October 27, 2023 Signature of Authorized Person Dinse M. Rukanto

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 27 2023 BY KILSGA-