



State of Rhode Island
Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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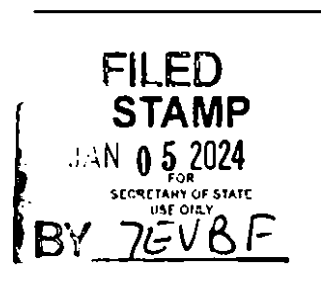
2024 JAN -5 P 12: 23
FOR
SECRETARY OF STATE
USE ONLY

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: <u>001740522</u>	2. The name of the Limited Liability Company is: <u>MUJO EVENTS LLC</u>
3. The fictitious business name to be used is: <u>YELLOW CUP WEEKEND</u>	
4. The state or country the entity is formed is: <u>Rhode Island, USA</u>	5. The date of formation is:
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 <u>Olawale Alesh</u>	Date <u>1/5/2024</u>
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



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.