

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

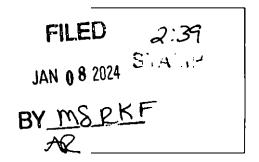
 \rightarrow Filing Fee: \$50.00

REC'D RIDOS ESD 24 JAN 8 PH2:39:30

Pursuant to the provisions of RIGL <u>7-16-9</u> 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:

2. The name of the Limited Liability Company is: 1. Entity ID Number: 161502 CLS MOLD TESTING, LLC The fictitious business name to be used is: CLS TESTING, LLC 4. The state or country the entity is formed is: 5. The date of formation is: 1/5/2024 RHODE ISLAND 6. Applicant is otherwise authorized to do business in the state of Rhode Island. YES 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 1/5/2024 LYNN A. SERPA Signature of Authorized Person ynn B. Gerpin

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.

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:

January 08, 2024 02:39 PM

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Gregg M. Amore Secretary of State

