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24 JAN 8 PM 2:39:30

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: <u>161502</u> | 2. The name of the Limited Liability Company is: <u>CLS MOLD TESTING, LLC</u> |
| 3. The fictitious business name to be used is: <u>CLS TESTING, LLC</u> | |
| 4. The state or country the entity is formed is: <u>RHODE ISLAND</u> | 5. The date of formation is: <u>1/5/2024</u> |
| 6. Applicant is otherwise authorized to do business in the state of Rhode Island. <u>YES</u> | |
| 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>LYNN A. SERPA</u> | Date <u>1/5/2024</u> |
| Signature of Authorized Person <u>Lynn A. Serpa</u> | |

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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BY MSRKF
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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.