



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

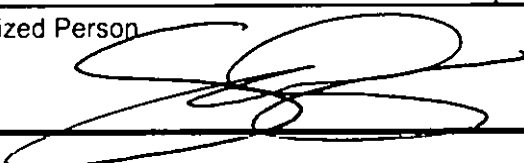
## Application for Reservation of Entity Name

DOMESTIC or FOREIGN Entity

- Business Corporation Filing Fee: \$50.00 → Partnership Filing Fee: \$50.00  
 → Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$20.00

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 RI DEPT. OF STATE  
 BUS. SCS. DIV.  
 2024 JAN 16 P 1:36

The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing:

1. The name to be reserved is: <b>Elevate Structures, LLC</b>		
2. The name is being reserved for the entity type listed below: <input type="checkbox"/> Business Corporation (including Professional and Foreign Corporations) RIGL <u>7-1.2-403</u> <input type="checkbox"/> Partnership (including Foreign Partnerships) RIGL <u>7-13.1-115</u> or <u>7-12.1-906</u> <input checked="" type="checkbox"/> Limited Liability Company (including Foreign Limited Liability Companies) RIGL <u>7-16-10</u> <input type="checkbox"/> Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL <u>7-6-11.1</u>		
3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.		
4. List the Name of Applicant: <b>CT Corporation System</b>		
Address: <b>450 Veterans Memorial Parkway Suite 7a</b>		
City/Town: <b>East Providence</b>	State: <b>RI</b>	Zip Code: <b>02914</b>
5. Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.		
Submitted by: <b>CT Corporation System</b>		
Address: <b>450 Veterans Memorial Parkway Suite 7a</b>		
City/Town: <b>East Providence</b>	State: <b>RI</b>	Zip Code: <b>02914</b>
Signature of Authorized Person 		Date <b>1/16/2024</b>

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

JAN 16 2024

BY A3ERS

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](mailto: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 16, 2024 01:36 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

