



State of Rhode Island  
Department of State - Business Services Division

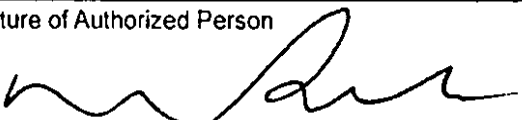
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**Fictitious Business Name Statement**

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:  001770570	2. The name of the Limited Liability Company is:  Supreme Bright Warwick I, LLC
3. The fictitious business name to be used is:  NYLO	
4. The state or country the entity is formed is:  Delaware	5. The date of formation is:  03/07/2024
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  Mehul Patel, President of Supreme Bright Warwick I, LLC	Date  03/11/2024
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](http://www.sos.ri.gov)

FILED  
MAR 12 2024  
BY 44895

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:

March 12, 2024 11:58 AM

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

Gregg M. Amore  
*Secretary of State*

