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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:	2. The name of the Limited Liability Company is:		
000792869	J MYCHAEL, LLC		
3. The fictitious business name to be used is:			
JOM SOLUTIONS			
4. The state or country the entity is formed is:		5. The date of formation is:	
RI		09-01-2012	
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 Lia	ability Company		Date
JMY	CHIAEL, LLC		3/14/24
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

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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 14, 2024 01:13 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

