State of Rhode Island Department of State - Business Services Division

24 APR 23 PM 12:24:30

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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.

| 1 Entity ID Number: | 2. The name of the Limi | 2. The name of the Limited Liability Company is: | | |
|--|--|--|--|--|
| 00789192 | Cityside Property Managment Corp. | | | |
| 3. The fictitious business | name to be used is: | | | |
| ESQ.Referral Net | work | | | |
| 4. The state or country the entity is formed is: | | 5. The | 5. The date of formation is: | |
| RI | | | 3/30/2012 | |
| 6. Applicant is otherwise a | authorized to do business in t | the state of Rh | node Island | |
| 7 Under penalty of perjur information contained her | y, I declare and affirm that I f ein is true and correct. | nave examined | d this Fictitious Business Name Statement and that the | |
| Name of Applicant Limited Liability Company | | | Date | |
| Julie Longtin | | | 04-22-24 | |
| Signature of Authorized P | erson | | | |
| Julie Longtin | dutopo verified 04/22/34 \$ 13 PM ED* VETM-AZAN 8Z_ GLP5 | | | |

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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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.