

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

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STAMP

FOR SPORE TARY OF STATE USE ONLY

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

a fictitious business name:		,			
1. Entity ID Number:	2. The name of the Limited	2. The name of the Limited Liability Company is:			
001763526	Achilles Services LLC				
3. The fictitious business JUNK Lem	name to be used is: OVAL John and T)em@[
4. The state or country the entity is formed is:		5. The date of fo	5. The date of formation is:		
RI		09-26-2023	09-26-2023		
6. Applicant is otherwise a	authorized to do business in the	state of Rhode Island	d.		
7. Under penalty of perjur information contained her		e examined this Fictiti	tious Business Name Statement and that i	he	
Name of Applicant Limited	d Liability Company		Date		
Havi Simp	sun		5/1/2024		
Signature of Authorized P	erson				

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY - 1 2024 AP

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