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State of Rhode Island

## **Department of State - Business Services Division**

## **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 Limited Liability Company is:			
001773753	Enjoy Wellness LLC			
3. The fictitious business na	ame to be used is:			
Enjoy Hemp				
4. The state or country the entity is formed is:		5. The date of formation is:		
FL		05/13/2024	.05/13/2024	
6. Applicant is otherwise at				
7. Under penalty of perjury information contained here	, I declare and affirm that I i in is true and correct.	have examined this Fictitious Bus	iness Name Statement and that the	
Name of Applicant Limited Liability Company			Date	
Enjoy Wellness LLC			05/15/2024	
Signature of Authorized Pe	erson			
Kaua Karas	ec	Kara Korosec, Manager		

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 5 2024
BY 17113

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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:

May 15, 2024 02:17 PM

Gregg M. Amore Secretary of State

Trags M anor

