

State of Rhode Island

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

 \rightarrow Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit corporation 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 corporation:		
	CASA MU	oda Internat	ional Inc.
3. The fictitious business name to be used is:			
MRS. Rhode Island			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
R.I.		5/29/24	
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 Non-Profit Corporation			
Victor Fernandez			
Title of Authorized Person Date			
President			5/29/24
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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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.

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:

May 29, 2024 11:54 AM

Areg M. Couve

Gregg M. Amore Secretary of State

