24 JUN 10 AH11:35:2

Fictitious Business Name Statement

DOMESTIC or FOREIGN	Business	Corporation
---------------------	----------	-------------

→ Filing Fee: \$50.00

the following statement for authority to transact business in the state of Rhode Island under a fictious business name: 1. Entity ID Number: 2. The name of the Corporation is: 001774348 Spectacle Management Inc. 3. The fictitious business name to be used is: Spectacle Live 4. The corporation is organized under the laws of: Massachusetts 5. The date of incorporation is: 5/23/24 6. The address of its registered office within Rhoule Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence State RHODE ISLAND 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do businets in the state of Rhode Island.	Pursuant to the provisions of I	RIGL <u>7-1.2-402,</u> the junders	signed business corporation here	by submits		
1. Entity ID Number: 001774348 Spectacle Management Inc. 3. The fictitious business name to be used is: Spectacle Live 4. The corporation is organized under the laws of: Massachusetts 5. The date of incorporation is: 5/23/24 6. The address of its registered office within Rhote Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do business in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally	the following statement for au	thority to transact business	in the state of Rhode Island und	er a		
3. The fictitious business name to be used is: Spectacle Live 4. The corporation is organized under the laws of: Massachusetts 5. The date of incorporation is: 5/23/24 6. The address of its registered office within Rhor le Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do businets in the state of Rhode Island. 9. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Namo Statement and that the Information contained herein is true and correct. Name of Authorized Officer of the Corporation Peter M. Lally Date Co. 7. 24		10 The second of				
3. The fictitious business name to be used is: Spectacle Live 4. The corporation is organized under the laws of the state of incorporation is: Massachusetts 5. The date of incorporation is: 5/23/24 6. The address of its registered office within Rhorte Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence State RHODE ISLAND 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do busine is in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally		z. The name of the Corp	oration is:			
Spectacle Live 4. The corporation is organized under the laws of: Massachusetts 5. The date of incorporation is: 5/23/24 6. The address of its registered office within Rhotele Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence State RHODE ISLAND 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do busines; s in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally 5. The date of incorporation is: 5/23/24 5. The date of incorporation is: 5/23/24	001774348	Spectacle Management Inc.				
4. The corporation is organized under the laws of Massachusetts 5. The date of incorporation is: 5/23/24 6. The address of its registered office within Rhode Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do businetis in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally	3. The fictitious business nan	ne to be used is:				
Massachusetts 6. The address of its registered office within Rhote Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do businet is in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally	Spectacle Live					
6. The address of its registered office within Rhote Island Is: Street Address 40 Westminster St., Ste. 1100 City Providence 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do business in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally C. 7. 24	4. The corporation is organized under the laws of: 5. The date of incorporation is:		on is:			
Street Address 40 Westminster St., Ste. 1100 City Providence RHODE ISLAND State RHODE ISLAND 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do businet is in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally Date C. 7. 24	Massachusetts 5/23/24					
City Providence 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do business in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally State RHODE ISLAND Zip 02903 Zip 02903 B. Applicant is otherwise authorized to do business in the state of Rhode Island. Date Date Co. 7. 24	6. The address of its registered office within Rhode Island Is:					
Providence RHODE ISLAND 02903 7. The business in which it is engaged: Venue management / venue operations 8. Applicant is otherwise authorized to do businets in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally 02903 8. Applicant is otherwise authorized to do businets in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally	Street Address 40 Westminster St., Ste. 1100					
Venue management / venue operations 8. Applicant is otherwise authorized to do businets in the state of Rhode Island. 9. 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 Authorized Officer of the Corporation Peter M. Lally 6. 7. 24				l '		
9. 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 Authorized Officer of the Corporation Peter M. Lally O. 7. 24						
Information contained herein is true and correct. Name of Authorized Officer of the Corporation Peter M. Lally G. F. 24	8. Applicant is otherwise authorized to do business in the state of Rhode Island.					
Peter M. Lally 6. 7. 24	9. 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.					
Ø. 7. a9	Name of Authorized Officer of	f the Corporation		Date		
Signature of Authorized Officer of the Corporation	Peter M. Lally			6.7.24		
Peter 4.7	Signature of Authorized Office	er of the Corporation				

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 135

JUN 1 0 2024

BY SW7MV

If you have any questions, please call us at (40/1) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.