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State of Rhode Island Department of State - Business Services Division

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SECRETARY OF STATE
COMPORATIONS DOV

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

2024 JUN 20 PM 1: 08

	RIGL <u>7-16-9</u> the undersigned li ent for authority to transact busin	mited liability company hereby ness in the state of Rhode Island under	
1. Entity ID Number:	2. The name of the Limited Liability Company is:		
001775370	Kinward LLC		
3. The fictitious business nar	me to be used is:		
Kinward Cafe			
4. The state or country the entity is formed is:		5. The date of formation is:	
Rhode Island		06-17-2024	
6. Applicant is otherwise aut	horized to do business in the st	ate of Rhode Island.	
7. Under penalty of perjury, I information contained herein		examined this Fictitious Business Name Statement a	nd that the
Name of Applicant Limited Li	iability Company	Date	
Gregory Cello		06-17-2024	
Signature of Authorized Pers	SON		
reigning !	Hall		

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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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:

June 20, 2024 01:08 PM

Gregg M. Amore Secretary of State

Treg M. Coure

