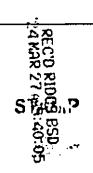


Fictitious Business Name Statement

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: | | | |
|---|--|-------------------|------------------------------|--|
| 1776137 | Anointed One Ministry IIc | | | |
| 3. The fictitious business name to be used is: | | | | |
| Anointed One | | | | |
| 4. The state or country the entity is formed is: | | 5. The date of fo | 5. The date of formation is: | |
| RHODE ISLAND | | 02-21-2024 | 02-21-2024 | |
| 6. Applicant is otherwise authorized to do business in the state of Rhode Island. | | | | |
| 7. 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 Limited Liability Company | | | Date | |
| Raezel Barclay Collins | | | 3/27/2024 | |
| Signature of Authorized Person | | | | |
| De la companya della companya della companya de la companya della | | | | |

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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BY YOU ZYR37