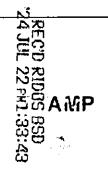


State of Rhode Island Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

 \rightarrow 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:			
001776599	Purfoods, LLC			
3. The fictitious business name to be used is:				
Mom's Meals				
4. The state or country the entity is formed is:		5. The date of formation is:	5. The date of formation is:	
Iowa		07/17	07/17/2024	
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	
Matt Koopman			07/11/2024	
Signature of Authorized Person				
Muse for				

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 S JUL 22 2024

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:

July 22, 2024 01:33 PM

Treng M. Course

Gregg M. Amore Secretary of State

