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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

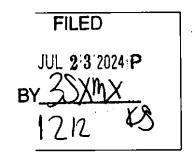
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Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number:	2. The name of the Lim	ited Liability Company is:		
001691397	National Restor	ations, LLC		
3. The fictitious business	name to be used is:		· · · · ·	-
itel services				
4. The state or country the	e entity is formed is:	5. The date of formatic	n is:	
Delaware		May 6, 2010		
6. Applicant is otherwise a	authorized to do business in	the state of Rhode Island.		
7. Under penalty of perjui information contained hei		have examined this Fictitious B	usiness Name Statement and that the	
Name of Applicant Limited Liability Company		Date		
National Restorations	s, LLC		Jun 26, 2024	42
Signature of Authorized P	Person	Jolene Young		
	Signed by Jolane Young Date & Time Jun 26, 2024 11 10 58 EDT			

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:

July 23, 2024 12:12 PM

Trey M. Coure

Gregg M. Amore Secretary of State

