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State of Rhode Island Department of State - Business Services Division

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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:		
001770929	Margot creamery LLC		
3. The fictitious business nam	ne to be used is:		
All stars)		
4. The state or country the entity is formed is:		5. The date of formation is:	
RI		03-20-2024	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.			
7. Under penalty of perjury, I conformation contained herein	declare and affirm that I have ex is true and correct.	amined this Fictitious Business	Name Statement and that the
Name of Applicant Limited Liability Company		Date	
Francelin	Roiz		8/2/24
Signature of Authorized Person	on (

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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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:

August 02, 2024 12:52 PM

Gregg M. Amore Secretary of State

Treg M. Coure

