



State of Rhode Island  
Department of State - Business Services Division

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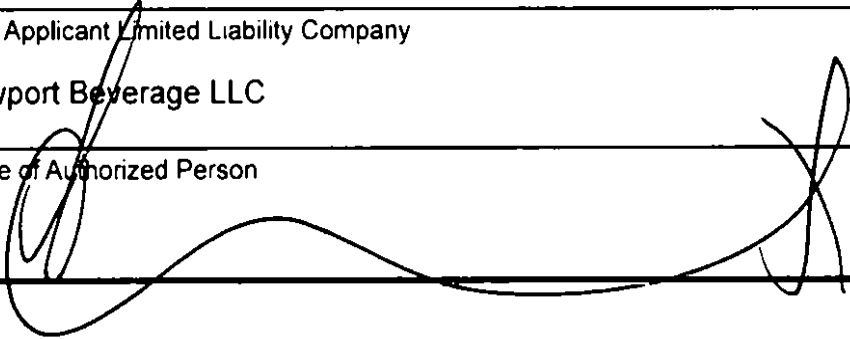
### Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

FOR  
SECRETARY OF STATE  
USE ONLY

Pursuant to the provisions of RIGL 7-16-9 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:<br><br>001775394                                                                                                                                         | 2. The name of the Limited Liability Company is:<br><br>49 Newport Beverage LLC |
| 3. The fictitious business name to be used is:<br><br>Saltwater                                                                                                               |                                                                                 |
| 4. The state or country the entity is formed is:<br><br>Rhode Island                                                                                                          | 5. The date of formation is:<br><br>06/18/2024                                  |
| 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<br><br>49 Newport Beverage LLC                                                                                                    | Date<br><br>07/19/2024                                                          |
| Signature of Authorized Person<br>                                                        |                                                                                 |

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY S4110  
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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](mailto: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:

August 02, 2024 10:22 AM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

