



State of Rhode Island
 Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2024 AUG 19 AM 11:48

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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: 000793996	2. The name of the Limited Liability Company is: SURPLUS PROVISIONS, LLC	
3. The fictitious business name to be used is: SURPLUS		
4. The state or country the entity is formed is: RI	5. The date of formation is: 10-22-2012	
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 SURPLUS PROVISIONS, LLC		Date 8-8-2024
Signature of Authorized Person 		

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.