



State of Rhode Island
Department of State - Business Services Division

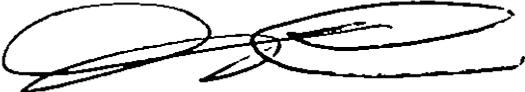
REC'D RHODES ASD
24 SEP 6 PM 12:09:15
13

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: 01757800	2. The name of the Limited Liability Company is: FVA Notary & Loan Closing Services, LLC	
3. The fictitious business name to be used is: FAT'S Medical Fashion SPOT		
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is: 5/19/2023	
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 Storinger & Almonorol		Date 8/06/24
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

FILED
SEP 06 2024
BY lobvly
AA. 12:09 PM

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.