



State of Rhode Island
Department of State - Business Services Division

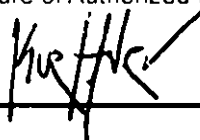
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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

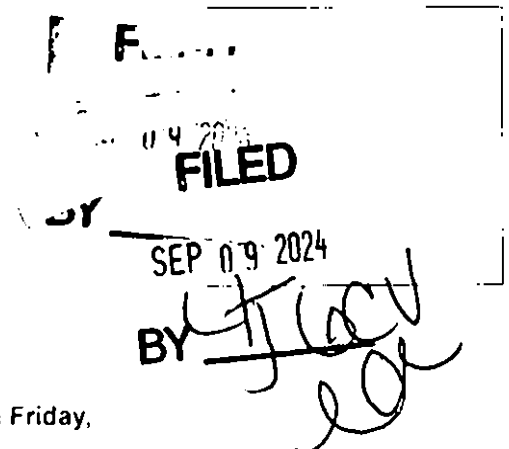
→ Filing Fee \$50.00

Pursuant to the provisions of RIGL 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. 001776518	2. The name of the Limited Liability Company is. Willshaper, LLC
3. The fictitious business name to be used is Compass Hardware Company	
4. The state or country the entity is formed is: Rhode Island	5. The date of formation is 07 16 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 Willshaper, LLC	Date 9/5/24
Signature of Authorized Person  Kurt Anderson, Member	

MAIL TO:

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



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:

September 09, 2024 03:26 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

