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State of Rhode Island
Department of State - Business Services Division

Application for Reservation of Entity Name

DOMESTIC or FOREIGN Entity

- Business Corporation Filing Fee: \$50.00 → Partnership Filing Fee: \$50.00
- Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$20.00

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FOR
SECRETARY OF STATE
USE ONLY

The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing:

1. The name to be reserved is: <p style="text-align: center; font-size: 1.2em;">METRIE INC.</p>		
2. The name is being reserved for the entity type listed below:		
<input checked="" type="checkbox"/> Business Corporation (including Professional and Foreign Corporations) RIGL <u>7-1.2-403</u> <input type="checkbox"/> Partnership (including Foreign Partnerships) RIGL <u>7-13.1-115</u> or <u>7-12.1-906</u> <input type="checkbox"/> Limited Liability Company (including Foreign Limited Liability Companies) RIGL <u>7-16-10</u> <input type="checkbox"/> Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL <u>7-6-11.1</u>		
3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.		
4. List the Name of Applicant: <p style="text-align: center; font-size: 1.1em;">Kammi Reser</p>		
Address: <p style="text-align: center; font-size: 1.1em;">40 W. 14th St. Ste 2B</p>		
City/Town: <p style="text-align: center; font-size: 1.1em;">Helena</p>	State: <p style="text-align: center; font-size: 1.1em;">MT</p>	Zip Code: <p style="text-align: center; font-size: 1.1em;">59601</p>
5. Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.		
Submitted by: <p style="text-align: center; font-size: 1.1em;">Kammi Reser</p>		
Address: <p style="text-align: center; font-size: 1.1em;">40 W. 14th St. Ste 2B</p>		
City/Town: <p style="text-align: center; font-size: 1.1em;">Helena</p>	State: <p style="text-align: center; font-size: 1.1em;">MT</p>	Zip Code: <p style="text-align: center; font-size: 1.1em;">59601</p>
Signature of Authorized Person: 		Date: <p style="text-align: center; font-size: 1.1em;">9/12/2024</p>

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

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SEP 13 2024

BY KAMMI RESER

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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.