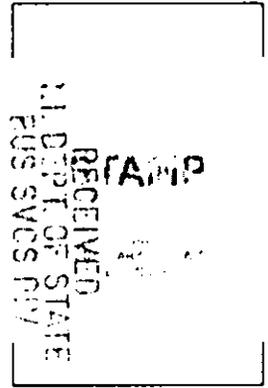




State of Rhode Island
Department of State - Business Services Division

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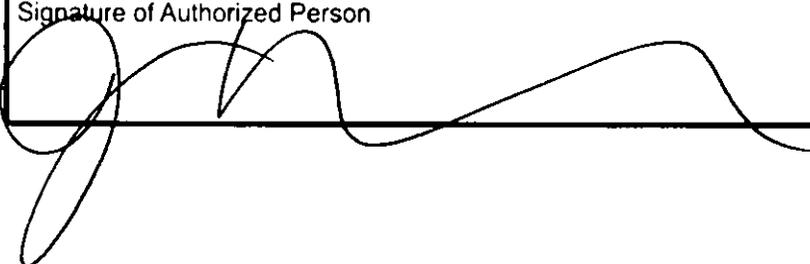


Fictitious Business Name Statement

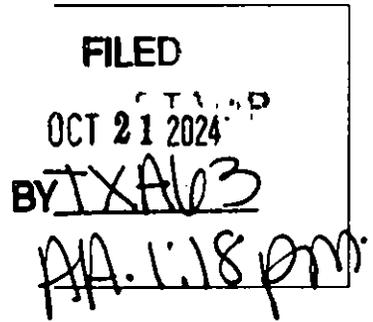
DOMESTIC or FOREIGN Limited Liability Company

→ 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: 001695647		2. The name of the Limited Liability Company is: BITE BITE PASS, LLC	
3. The fictitious business name to be used is: SLICE AND COMPANY			
4. The state or country the entity is formed is: RI		5. The date of formation is: 05/01/2019	
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 JASON KINDNESS / BITE BITE PASS, LLC MEMBER			Date 10/16/24
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



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.