



State of Rhode Island  
Department of State - Business Services Division

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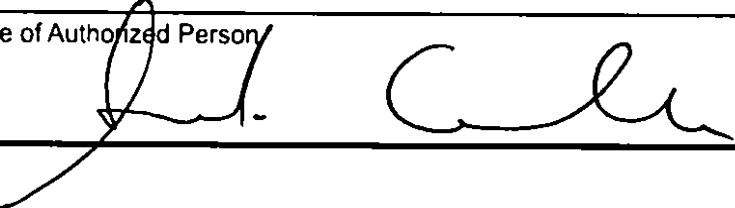
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### Fictitious Business Name Statement

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:                                                                                                                                                          | 2. The name of the Limited Liability Company is:<br><b>Smack Image Group LLC</b> |                                                 |                         |
| 3. The fictitious business name to be used is:<br><b>Gangster Wife</b>                                                                                                        |                                                                                  |                                                 |                         |
| 4. The state or country the entity is formed is:<br><b>GA</b>                                                                                                                 |                                                                                  | 5. The date of formation is:<br><b>11-22-24</b> |                         |
| 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<br><b>SAWORA CARDOSA</b>                                                                                                          |                                                                                  |                                                 | Date<br><b>11-22-24</b> |
| Signature of Authorized Person<br>                                                         |                                                                                  |                                                 |                         |

**MAIL TO:**

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

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BY **KC98Q**  
**933** **KJ**

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](mailto:corporations@sos.ri.gov).