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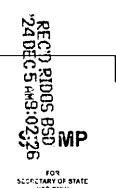
State of Rhode Island Department of State - Business Services Division

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



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: Elevated Style, LLC 116606100 3. The fictitious business name to be used is: Sit Still kids salon Smithfield 4. The state or country the entity is formed is: 5. The date of formation is: Rhode talend 9.8.723 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 12.5.24 toric Urchison 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 9:02 STAMP UEU 0 5 2024 BY TCR 9 E RI SOS Filing Number: 202461452390 Date: 12/5/2024 9:02:00 AM



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:

December 05, 2024 09:02 AM

Gregg M. Amore

Secretary of State

Treg M. Coure

