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## 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 <u>7-16-9</u> 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:

Entity ID Number:	2. The name of the Lim	The name of the Limited Liability Company is:		
001686980	NFS LLC			
3. The fictitious business	name to be used is:			
Nakowicz Financ	ial Services			
The state or country the entity is formed is:		5. The date of	5. The date of formation is:	
Rhode Island		8/6/2018	8/6/2018	
6. Applicant is otherwise a	authorized to do business in	the state of Rhode Isla	nd.	
7. Under penalty of perjur information contained her		have examined this Fic	titious Business Name Statement and that the	
Name of Applicant Limited Liability Company			Date	
NFS LLC			1/3/25	
Signature of Authorized P	erson		•	

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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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:

January 03, 2025 04:10 PM

Gregg M. Amore Secretary of State

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