



2025 JAN 24 PH 12: 42

## **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 Limited Liability Company is:		
001782081	GenNext Event Solutions LLC		
3. The fictitious business name to be used is:			
Newport Irish Festival			
4. The state or country the entity is formed is:		5. The date of formation is:	
Rhode Island		- 11/22/2024	
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			Date
Kelly M. Pattison			12/10/24
Signature of Authorized Person	THE		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

JAN 24 2025

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.

FORM 624B - Revised: 01,2024