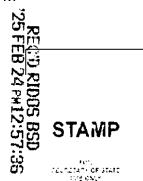
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## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Limited Liability Company** 

 $\rightarrow$  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. Exact Name of the Limited Liability Company	
001783366	Matthew Thompson LLC	
3. The fictitious business na	ame to be used is:	
Rooted Impact Consultin	ng ·	
4. The limited liability company is organized under the laws of:		5. The date of formation is:
RI		12-31-2024
6. Applicant is otherwise au	uthorized to do business in the state of Rhode Island	
	, I declare and affirm that I have examined this Fid tained herein is true and correct.	titious Business Name Statement and
	tained herein is true and correct.	Date
that the information cont	tained herein is true and correct.	
that the information cont Name of Applicant Limited	tained herein is true and correct. Liability Company	Date /

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

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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:

February 24, 2025 12:57 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

