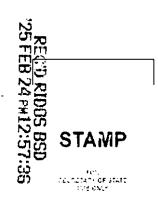


## **Fictitious Business Name Statement**

**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. Exact Name of the Limited Liability Company	
001783366	Matthew Thompson LLC	
3. The fictitious business	name to be used is:	
Rooted Impact Consult	ing ·	
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	authorized to do business in the state of Rhode Island	3
	y, I declare and affirm that I have examined this Fi ntained herein is true and correct.	ctitious Business Name Statement and
Name of Applicant Limite	d Liability Company	Date
Matthew Thompson		2/10/2024
Signature of Authorized F	Person	
	SIGN DOCUMENT HERE	

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 24 2025 AMP
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