



State of Rhode Island  
Department of State - Business Services Division

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FOR  
SECRETARY OF STATE  
USE ONLY

## Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

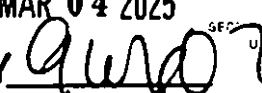
→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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:

|                                                                                                                                                                               |                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| 1. Entity ID Number:<br><b>1781588</b>                                                                                                                                        | 2. The name of the Limited Liability Company is:<br><b>Building Block Community Development, LLC</b> |
| 3. The fictitious business name to be used is:<br><b>Building Block</b>                                                                                                       |                                                                                                      |
| 4. The state or country the entity is formed is:<br><b>Rhode Island</b>                                                                                                       | 5. The date of formation is:<br><b>11/12/2024</b>                                                    |
| 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<br><b>Peter Erhartic</b>                                                                                                          | Date<br><b>3/4/2024</b>                                                                              |
| Signature of Authorized Person<br>                                                         |                                                                                                      |

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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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](mailto:corporations@sos.ri.gov).