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## State of Rhode Island **Department of State - Business Services Division**

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:	2. The name of the Limited Liability Company is:		
1733751	SUGAR DADD	Y TAXI LL	
3. The fictitious business name to be used is:			
SUGAR DADDY TAXI			
The state or country the entity is formed is:		5. The date of formation is:	
RI / AMERICA		12/31/2025	
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
BABATUNDE O IKOTUN			03/05/2025
Signature of Authorized Person			

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:

March 05, 2025 11:41 AM

Gregg M. Amore Secretary of State

Treg M. Coure

