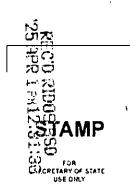


## Department of State - Business Services Division

## **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:

1, Entity ID Number:	2. The name of the Limited Liability Company is:				
1784341	M & C Superior Details, LLC				
3. The fictitious business nar	me to be used is:				
Superior Details					
4. The state or country the entity is formed is:		5. The date of formation is:			
RI		1/16/2025	1/16/2025		
6. Applicant is otherwise autl	horized to do business in t	he state of Rhode Island.			
7. Under penalty of perjury, I information contained herein		nave examined this Fictitious	s Business Name Statement and that the	he	
Name of Applicant Limited Liability Company			Date		
M & C Superior Details, LLC			4/1/2025		
Signature of Authorized Pent	ión 2		1		

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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