



DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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FOR
SECRETARY OF STATE
USE ONLY

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: 1784341	2. The name of the Limited Liability Company is: M & C Superior Details, LLC
3. The fictitious business name to be used is: Superior Details	
4. The state or country the entity is formed is: RI	5. The date of formation is: 1/16/2025
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 M & C Superior Details, LLC	Date 4/1/2025
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

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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.