

## State of Rhode Island Department of State - Business Se vices Division

## Fictitious Business Name Statemen

- Filing Fee: \$50.00

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Pursuant to the provisions of RIGL <u>7-1,2-402</u> , the until the following statement for authority to transact busin fictitious business name:	dersigned bu	siness corporation hereby sul ate of Rhode Island under a	omits
1. Entity ID Number: 2. The name of the C	rporation is:		
000121213 Famiglia	sie An	nici, Fr.C.	
3. The fictitious business name to be used is:	1		
Blackstone Oyste	1- 1364		
4. The corporation is organized under the laws of:	5.	. The date of incorporation is:	
Rhode Island	,	11/8/2001	
6. The address of its registered office within Rhode	Island is:		
Street Address 762 Hole STUCET	-		
Cry Providence	S	State RHODE ISLAND	02906
7. The business in which it is engaged:			
Full Service Rest	ausani	and Cateres	
8. Applicant is otherwise authorized to do business			
<ol> <li>Under penalty of perjury, I declare and affirm that information contained herein is true and correct.</li> </ol>	t l have exan	mined this Fictitious Business	Name Statement and that the
Name of Authorized Officer of the Corporation	(		2/20/2025
James Harris	·		2/20/2025
Signature of Authorized Officer of the Corporation			
MAIL TO:		F	LED
Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-26	1,5		0 9 2025 3 23

Phone: (401) 222-3040 Website: www.sos.n.gov

If you have any questions, please call us at (401) 222-3040, Monday through Friday,

RI SOS Filing Number: 202569546270 Date: 4/8/2025 3:23:00 PM



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:

April 08, 2025 03:23 PM

Gregg M. Amore

Secretary of State

Tregs M. Coure

