	State of Rhode Island Fee: \$50.0 Office of the Secretary of State
	Division Of Business Services 148 W. River Street Providence RI 02904-2615
1636	(401) 222-3040
Business Corpor Reservation of El Section 7-1.2-403 c	
•	pplicant hereby applies for reservation of the following entity name for a iod of one hundred twenty (120) days from the date of this filing.
The Residences at Name to be Reserved	<u>Two Nine Five</u>
exclusive use of a s in the office of the	ion will be recorded exclusively in the name of the applicant. The right to the specified entity name so reserved may be transferred to any other person by filing Secretary of State a notice of the transfer, executed by the applicant for whom the I, specifying the name and address of the transferee, and paying the appropriate
Name and address	of Applicant:
	of Applicant: <u>49 CEDAR SWAMP ROAD</u> <u>UNIT 7</u>
Name and address No. and Street: City or Town: Name:	49 CEDAR SWAMP ROAD
No. and Street: City or Town: Name: Signed this 15 Da <i>individuals signing</i> <i>under penalties of</i> <i>of the corporation,</i>	<u>49 CEDAR SWAMP ROAD</u> <u>UNIT 7</u> <u>SMITHFIELD</u> State: <u>RI</u> Zip: <u>02917</u>
No. and Street: City or Town: Name: Signed this 15 Da <i>individuals signing</i> <i>under penalties of</i> <i>of the corporation,</i>	49 CEDAR SWAMP ROAD UNIT 7 SMITHFIELD State: RI Zip: 02917 ALBERT GIZZARELLI by of April, 2025 at 7:24:23 PM. This electronic signature of the individual or this instrument constitutes the affirmation or acknowledgement of the signatory, perjury, that this instrument is that individual's act and deed or the act and deed and that the facts stated herein are true, as of the date of the electronic filing, in .1. Gen. Laws § 7-1.2.
No. and Street: City or Town: Name: Signed this 15 Da <i>individuals signing</i> <i>under penalties of</i> <i>of the corporation,</i> <i>compliance with R</i> Submitted by: <u>ALBERT S. GIZZ</u>	49 CEDAR SWAMP ROAD UNIT 7 SMITHFIELD State: RI Zip: 02917 ALBERT GIZZARELLI ALBERT GIZZARELLI Aug of April, 2025 at 7:24:23 PM. This electronic signature of the individual or this instrument constitutes the affirmation or acknowledgement of the signatory, perjury, that this instrument is that individual's act and deed or the act and deed and that the facts stated herein are true, as of the date of the electronic filing, in .1. Gen. Laws § 7-1.2.

State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

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 15, 2025 07:22 PM

Treng M. Course

Gregg M. Amore Secretary of State

