

→ Filing Fee: \$50.00

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

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## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Business Corporation** 

| Pursuant to the provisions of RIGL 7-1,2-402, the undersigned business corporation hereby submit |
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| the following statement for authority to transact business in the state of Rhode Island under a  |

| he following statement for auth ictitious business name:  | hority to transact business in the | state of Rhode Island under a    |   |  |
|---|------------------------------------|----------------------------------|---|--|
| 1. Entity ID Number:  | 2. The name of the Corporation is: |                                  |   |  |
| 001785688   | Vieira Enterprises, Inc.           |                                  |   |  |
| 3. The fictitious business name to be used is:  |                                    |                                  |   |  |
| Ocean Fish Market   |                                    |                                  |   |  |
| The corporation is organized under the laws of:   |                                    | 5. The date of incorporation is: | 5. The date of incorporation is:        |  |
| Rhode Island  |                                    | February 13, 2025                |   |  |
| 6. The address of its registered office within Rhode Island is:   |                                    |                                  |   |  |
| Street Address 1140 Reservoir Avenue - Suite 201  |                                    |                                  |   |  |
| City<br>Cranston  |                                    | State RHODE ISLAND               | 02920                                   |  |
| 7. The business in which it is engaged: Fish market   |                                    |                                  |   |  |
|   |                                    |                                  | ,52 Hbk 14 bys:42:25<br>Kec.d Kidos Bsd |  |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island.   |                                    |                                  |   |  |
| 9. 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 Authorized Officer of the Corporation   |                                    |                                  | Date                                    |  |
| Ivo Vieira, President   |                                    |                                  | 04/07/2025                              |  |
| Signature of Authorized Officer of the Corporation  |                                    |                                  |   |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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

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.

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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:

April 14, 2025 02:45 PM

Gregg M. Amore Secretary of State

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