



State of Rhode Island  
Department of State - Business Services Division

# Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation LLC

RI DOS MADE NON-SUBSTANTIVE EDITS

→ Filing Fee: \$50.00

7-16-11

Pursuant to the provisions of RIGL ~~7-12-402~~, the undersigned business corporation 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:<br><b>001763281</b>                                                                                                                                                     |  | 2. The name of the Corporation is:<br><b>Trinity Solar, LLC</b> |                          |
| 3. The fictitious business name to be used is:<br><b>Trinity Total Home</b>                                                                                                                  |  |                                                                 |                          |
| 4. The corporation is organized under the laws of:<br><b>New Jersey</b>                                                                                                                      |  | 5. The date of incorporation is:<br><b>9/20/2023 7/14/2023</b>  |                          |
| 6. The address of its registered office within Rhode Island is:<br>Street Address <b>450 Veterans Memorial Parkway, Suite 7A</b>                                                             |  |                                                                 |                          |
| City<br><b>East Providence</b>                                                                                                                                                               |  | State<br><b>RHODE ISLAND</b>                                    | Zip<br><b>02914</b>      |
| 7. The business in which it is engaged:<br>For all lawful purposes, including but not limited to solar, battery energy storage systems, roofing, and related interior and exterior purposes. |  |                                                                 |                          |
| 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<br><b>Thomas Pollock</b>                                                                                                                       |  |                                                                 | Date<br><b>4/16/2025</b> |
| Signature of Authorized Officer of the Corporation<br><i>Thomas Pollock</i>                                                                                                                  |  |                                                                 |                          |

## MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED

APR 18 2025

BY **ZA1UT**

**AA 9:46AM**

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](mailto:corporations@sos.ri.gov).

1024B



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 18, 2025 09:46 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

