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

## PRIOS BSD SCILLIANT OF STATE USE ONLY

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit 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:	2. The name of corporation:		
001749839	Sincere Mu	Ltisenice	Inc
3. The fictitious business name to be used is:			
Community Biz Connect			
4. The corporation is organize	ed under the laws of:	5. The date of incorpor	ration is:
Rhode =	tSlam	10/10	10/2022
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 Non-Profit Corporation			
Sincere multiservice Inc			
Title of Authorized Person	•		Date
C20			5/19/2025
Signature of Authorized Person			
Charlem Martines			

**MAIL TO:** 

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 19 2025 8 (0) (8)

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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:

May 19, 2025 10:18 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

