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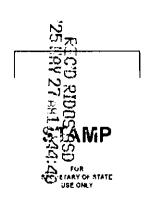
## State of Rhode Island

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

## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Limited Liability Company** 

→ Filing Fee: \$50.00



Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company 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 the Limited Liability Company is:

Creamery

Creamery

4. The state or country the entity is formed is:

5. The date of formation is:

RHODE Island 3/20/24

6. Applicant is otherwise authorized to do business in the state of Rhode Island.

7. 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 Limited Liability Company

Francelin Ruz

Date 5/20/20/20

Signature of Authorized Person

MAIL TO:

Division of Business Services

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

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

MAY 21 2025

STAMP

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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 21, 2025 12:03 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

