

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

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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905 W 184 - 4 (1. 14) 956 - 551

Pursuant to the provisions of RIGL <u>7-16-9</u> 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:			
001744578	The Conte Law Firm, LLC			
3. The fictitious business	name to be used is:			
ACE Injury Lawye	rs			
4. The state or country the entity is formed is:		5. The date of formation is:		
Rhode Island		08-09-2022	08-09-2022	
6. Applicant is otherwise a	authorized to do business in	the state of Rhode Island.		
7. Under penalty of perjui information contained her		have examined this Fictitious Busine	ss Name Statement and that the	
Name of Applicant Limited Liability Company			Date	
The Conte Law Firm, LLC			05/30/2025	
Signature of Authorized B	erson .			

MAIL TO:

Division of Business Services

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

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

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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.

FORM 624B - Revised: 01/2024

RI SOS Filing Number: 202574204730 Date: 6/4/2025 11:24:00 AM



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:

June 04, 2025 11:24 AM

Gregg M. Amore Secretary of State

Treg M. Coure

