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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

REC'D RIDOS BSD 725, IUN 25 PM2:41:47

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	L
a fictitious business name:	

		
Entity ID Number	Exact Name of the Limited Liability Company	
001787999	FORCHILLI CONSULTANTS	SLLC
3. The fictitious business	name to be used is:	
FORCHILLI CONSULTA	ANTS	
4. The limited liability con	npany is organized under the laws of:	5. The date of formation is:
RI		03-29-2025
6. Applicant is otherwise	authorized to do business in the state of Rhode Islan	d.
	y, I declare and affirm that I have examined this F ntained herein is true and correct.	ictitious Business Name Statement and
Name of Applicant Limite	d Liability Company	Date
MICHAEL FORCHILLI J	R	5-29-2025
Signature of Authorized F	Persony /	
hul 11	SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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

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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:

June 25, 2025 02:41 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

