

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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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:

Entity ID Number:	2. The name of the Limited Liability Company is:		
001736816	Nine Twelve Holdings RI S1, LLC		
3. The fictitious business name to be used is:			
Nine Twelve Home Services			
4. The state or country the entity is formed is:		5. The date of formation is:	
Rhode Island		03/01/2022	
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			Date
Nine Twelve Holdings RI S1, LLC			06/24/2025
Signature of Authorized Person			
Daniel M. Lawton, Member			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 27 2025 TAMP

BY PKOPD COMPLIANT OF STATE

FILED

12:00