



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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FOR  
SECRETARY  
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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:<br><br>001770890                                                                                                                                         | 2. The name of the Limited Liability Company is:<br><br>Brian Franklin Communications LLC |
| 3. The fictitious business name to be used is:<br><br>B-Frank Communications                                                                                                  |                                                                                           |
| 4. The state or country the entity is formed is:<br><br>Rhode Island                                                                                                          | 5. The date of formation is:<br><br>3/18/2024                                             |
| 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<br><br>Brian Franklin                                                                                                             | Date<br><br>7/6/25                                                                        |
| Signature of Authorized Person<br><br>                                                     |                                                                                           |

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://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](mailto:corporations@sos.ri.gov).