



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation

Fictitious Business Name Statement

(Section 7-1.2-402 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant business corporation is: GIGA HOME SOLUTIONS INC

SECTION II

The fictitious business name to be used is: Titan Supply

SECTION III

The state or territory under the laws of which it is incorporated is
State: RI Country: USA

SECTION IV

The date of incorporation is 04/08/2024

SECTION V

The address of its registered office within Rhode Island is:

No. and Street: 95 NYE ST
City or Town: PAWTUCKET State: RI Zip: 02861
Name: POLLYANA PASCOAL

SECTION VI

The business in which it is engaged
SUPPLY OF PV AND HVAC EQUIPMENT

SECTION VII

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

Signed this 9 Day of September, 2025 at 9:40:16 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the*

electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

GIGA HOME SOLUTIONS INC

Name of Applicant Corporation

POLLYANA PASCOAL

Signature of Authorized Officer

Form No. 624
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

September 09, 2025 09:37 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

