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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 Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-13-2</u> the undersigned limited partnership 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	Exact Name of the Limited Partnership		
001661041	Second Round Limited Partnership		
3. The fictitious business name to be used is:			
Second Round, LP			
4. The limited partnership is organized under the laws of:		5. The date of formation	
Texas		6/20/2008	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.			
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 Partnership			Date
Second Round Limited Partnership			3/6/2018
Signature of Authorized Person	SIGN DOC	CUMENT 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 **FILED** 

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BY KL 326341

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

March 12, 2018 11:55 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

