



State of Rhode Island
Department of State - Business Services Division

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2021 MAY 28 1:25
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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-13-2 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: 001716954		2. The name of the Limited Partnership is: STEVENS Family RESTAURANT Group LP	
3. The fictitious business name to be used is: POTS ITALIAN RESTAURANT			
4. The state or country the entity if formed is: RI		5. The date of formation is: 12/2/2020	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.			
<i>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.</i>			
Name of Applicant Limited Partnership Garboy STEVENS		Date 5/27/2021	
Signature of Authorized Person 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: 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.



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

May 28, 2021 01:25 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

