FEE : $10.00

TRADE NAME CERTIFICATE

This is the certify that I/We the undersigned

Full Names (s) Address City or Town

_____

_____

_____

_____

_____

_____

being the sole owner(s) of the business conducted under the name of:

_____ at _____, Woonsocket, RI.

_____

_____

(Signatures of ALL owners MUST be subscribed in space opposite

_____

_____

_____

_____

STATE OF RHODE ISLAND

In Woonsocket, in said County this _____ day of _____ A.D., 20_____

Personally appeared before me the above subscribed _____

_____ and made oath that the above statement signed by _____

are true.

_____

Notary Public

Type of Business:

_____

Telephone/Cell Number:

_____

Email Address:

_____

Filed in the City Clerk's Office

Date: _____

TRADE NAME CERTIFICATE

Book #_____ Page #_____

DATE FILED:_____

#_____

CITY CLERK'S OFFICE
Received and Filed
WOONSOCKET, RHODE ISLAND
City Clerk