

Filing Fee: \$20.00

ID Number 40503



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

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**NON-PROFIT CORPORATION**

**FICTITIOUS BUSINESS NAME STATEMENT**

Pursuant to the provisions of <sup>Title 19</sup> ~~Section 7-6.1~~ of the General Laws of Rhode Island, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1. The name of the non-profit corporation is The Washington Trust Company, of Westerly
2. The fictitious business name to be used is Washington Trust Wealth Management
3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
4. The date of incorporation is March 13, 1902

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: July 3, 2015

The Washington Trust Company, of Westerly  
Print Name of Applicant Non-Profit Corporation

By [Signature]  
Signature of Authorized Person

David V. Devault, Secretary  
Title

**FILED**

JUL 17 2015

BY KL 252957  
8:38



State of Rhode Island and Providence Plantations  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 68-2  
Cranston, Rhode Island 02920

Division of Banking

July 16, 2015

Kristen L. Freiter  
Partridge Snow & Hahn  
40 Westminister Street, Suite 1100  
Providence, RI 02903

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**Re: Washington Trust Company Request for Fictitious Name**

Dear Ms. Freiter:

Please be advised that I have reviewed the two (2) original Fictitious Business Name Statements, executed by David Devault, Secretary of the Bank. The Division of Banking approves the use of these forms as submission to the Rhode Island Secretary of State to request permission for use of the said fictitious name.

Please contact me if you need any further assistance.

Yours truly,

A handwritten signature in black ink that reads "Sara Paterson Cabral".

Sara Paterson Cabral  
Supervisor of Examinations



State of Rhode Island and Providence Plantations  
**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  
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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

