RI SOS Filing Number: 201746729970 Date: 6/29/2017 1:42:00 PM

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

R.I. DEPT. OF STATE BUS SYCS DIV

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

		imited liability company, or limited partnership hereby submits the ss in the state of Rhode Island under a fictitious business name:	
	The legal name of the applicant business corporation, limited liability company or limited partnership is: lowa Mold Tooling Co., Inc.		
2. The fictitious	business name to be used is Ste	edt Hydraulic Crane	
3. The state or	territory under the laws of which it i	er the laws of which it is incorporated, organized or formed is DE	
4. The date of i	The date of incorporation, organization or formation is 9/25/2000		
5. If a business	corporation, the address of its regi	stered office within Rhode Island is	
450 Veteran	s Memorial Pkwy Ste. 7A , E. Pro	ovidence RI 02914	
	If a business corporation, the business in which it is engaged Manufacture and sale of mechanics trucks and hydraulic equipment.		
7. Applicant is o	otherwise authorized to do business	Under penalty of perjury, I declare that the information contained	
		herein is true and correct.	
Date: June 29, 2017		lowa Mold Tooling Co., Inc.	
		Name of Applicant Corporation, Limited Liability Company or Limited Partnership Ignacio A. Cortina Senior Vice President and Secretary Signature of Authorized Officer of the Corporation	
FILED JUN 2 9 2017		or a signature of Authorized Officer of the Corporation	
		By Signature of Authorized Person for the Limited Liability Company	
BY	Ch 307249	<u>ог</u> 	
	2/1142	Signature of Authorized Person for the Limited Partnership	

Form No. 624 Revised: 12/05 RI SOS Filing Number: 201746729970 Date: 6/29/2017 1:42:00 PM



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:

June 29, 2017 01:42 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

