

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

APPLICATION FOR RESERVATION OF ENTITY NAME

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

	(Nai	ly Partnership me to be Reserved)	
he name is being rese	rved for the following type of e	entity pursuant to the applicable statutory provision	on:
(Check One On	ly)		
Business Corporation (including professional and foreign corporations) pursuant to		Filing Fee	
Section 7-1	.2-403 of the General Laws o	f Rhode Island, 1956, as amended.	(<u>\$50.00</u>)
Limited Par	tnership (including foreign lim	nited partnerships) pursuant to	
Section 7-1	3-3 of the General Laws of RI	hode Island, 1956, as amended.	(<u>\$50.00</u>)
Limited Lial Section 7-1	<u>bility Company</u> (including fore 6-10 of the General Laws of F	eign limited liability companies) pursuant to Rhode Island, 1956, as amended.	(\$50.00)
		non-profit corporations) pursuant to	(<u>\$00.00</u>)
Section 7-6	i-11.1 of the General Laws of	Rhode Island, 1956, as amended.	(<u>\$20.00</u>)
pecified entity name so	o reserved may be transferred	in the name of the applicant. The right to the d to any other person by filing in the office of the	e exclusive use of a Secretary of State a
e transferee, and payi	ng the appropriate fee.	whom the name was reserved, specifying the name	ame and address of
e transferee, and payi ം ප	ng the appropriate fee.	whom the name was reserved, specifying the name Name and Address of Applicant:	ame and address of
e transferee, and payi	ng the appropriate fee.	Name and Address of Applicant:	ame and address of
e transferee, and payi ം ප	FILED	Name and Address of Applicant: _Anthony H. Bliss	ame and address of
e transferee, and payi	ng the appropriate fee.	Name and Address of Applicant:	ame and address of
e transferee, and payi	FILED	Name and Address of Applicant: Anthony H. Bliss 134 Thurbers Avenue Providence, RI 02905	ame and address of
e transferee, and payi	FILED AUG 3 1 2007 By_10M	Name and Address of Applicant: Anthony H. Bliss 134 Thurbers Avenue Providence, RI 02905 Under penalty of perjury, I declare and affirm	ame and address of
e transferee, and payi	FILED AUG 3 1 2007 By_10M	Name and Address of Applicant: Anthony H. Bliss 134 Thurbers Avenue Providence, RI 02905 Under penalty of perjury, I declare and affirm	ame and address of
TOO AUG 31 AM 9: 05	FILED	Name and Address of Applicant: Anthony H. Bliss 134 Thurbers Avenue Providence, RI 02905 Under penalty of perjury, I declare and affirm	ame and address of

(Address, if different from above)

Form No. 620 Revised: 12/05