Filing Fee: \$50.00

ID	Number:	
ייו	Mannoe.	



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

**FILED** 

MAR 02 2009

## 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 rsuant to the provisions of social formation, limited liability company, or limited partnership hereby submits the

ame folic	ended, the undersigned business corporation, limited liability company, of limited parties in the ended, the undersigned business corporation, limited liability company, of limited parties in the state of Rhode Island under a fictitious business name:
1.	The legal name of the applicant business corporation, limited liability company or limited partnership is:
2.	The fictitious business name to be used is Culvert Rehabilitation Services
3.	The state or territory under the laws of which it is incorporated, organized or formed is MAINE
4.	The date of incorporation, organization or formation is 10 15 1979
5.	If a business corporation, the address of its registered office within Rhode Island is 155 South  NAIN Street, Providence, RI 02903
6.	If a business corporation, the business in which it is engaged Culvert Lining
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
_	ate: 2/25/09  C. L. H. \$\frac{1}{2} \sum_{\text{Name of Applicant Corporation, Limited Liability Company or Limited Partnership}}
Di	By Signature of Authorized Officer of the Corporation
	<u>or</u>
	By Signature of Authorized Person for the Limited Liability Company
	<u>or</u>
	By