Filing Fee: \$50.00

ID Number: ____

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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

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:

1.	The legal name of the applicant business c 24 Service LLC	corporation, limited liability company or limited partnership is:
2.	The fictitious business name to be used is	Rhode Island Locksmith
3.	The state or territory under the laws of which it is incorporated, organized or formed is Nevada	
4.	The date of incorporation, organization or formation is 12/1/2011	
5.	If a business corporation, the address of its registered office within Rhode Island is	
	222 Jefferson Bivd., Suite 200 Warwick, RI 02888	
6.	If a business corporation, the business in which it is engaged Services.	
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.	
		Under penalty of perjury, I declare that the information containe herein is true and correct.
Date: 12-3-2011		24 Service LLC
Date: 12-0-2011		Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	FILED	BySignature of Authorized Officer of the Corporation
	DEC 30 2011 0 159737 1:40	By Signature of Authorized Person for the Limited Liability Company
	The second secon	<u>or</u>
		By



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

