



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
 Office of the Secretary of State  
 Corporations Division  
 148 W. River Street  
 Providence, Rhode Island 02904-2615

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2014 FEB - 6 PM 3: 06

**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).

**Kyanite Services, Inc.**

*(Name to be Reserved)*

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

*(Check One Only)*

- |  | <u>Filing Fee</u> |
|--|-------------------|
| <input checked="" type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u>  |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.                         | <u>(\$50.00)</u>  |
| <input type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended.           | <u>(\$50.00)</u>  |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.                 | <u>(\$20.00)</u>  |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

Name and Address of Applicant:

**CT CORPORATION**  
 450 Veterans Memorial Parkway-Suite 7A  
 East Providence, RI 02914

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

Submitted by:

*[Signature]*  
 (Signature)

(Address, if different from above)

**FILED** ←

FEB 06 2014

BY CA 216683

3:06

Date: 2/6/2014