

Filing Fee: \$50.00

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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

2015 MAR 24 PM 2:49
SECRETARY OF STATE
CORPORATIONS 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:

- 1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Nicklas Associates, Inc.
2. The fictitious business name to be used is The BOSS Group
3. The state or territory under the laws of which it is incorporated, organized or formed is Maryland
4. The date of incorporation, organization or formation is May 26, 1988
5. If a business corporation, the address of its registered office within Rhode Island is C T Corporation System, 450 Veterans Memorial Parkway, Suite 7A, East Providence RI 02914
6. If a business corporation, the business in which it is engaged Temporary and direct hire staffing exclusively for creative, marketing and interactive professionals. All employer paid services.
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.

Date: March 23, 2015

Nicklas Associates, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] Signature of Authorized Officer of the Corporation

By _____ Signature of Authorized Person for the Limited Liability Company

By _____ Signature of Authorized Person for the Limited Partnership

FILED

MAR 24 2015

2:49

Form No. 624 Revised: 12/05

BY AB 245 394



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State





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Department of State | Office of the Secretary of State
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