

Filing Fee: \$50.00

ID Number: _____



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 corporation, limited liability company or limited partnership is:
Structures Unlimited, Inc.
2. The fictitious business name to be used is **Structures Unlimited, Inc. of NH**
3. The state or territory under the laws of which it is incorporated, organized or formed is **New Hampshire**
4. The date of incorporation, organization or formation is **6/10/1968**
5. If a business corporation, the address of its registered office within Rhode Island is **Corporation Services Company, 222 Jefferson Blvd., Suite 200, Warwick, RI 02888**
6. If a business corporation, the business in which it is engaged **Installation of translucent building sandwich panels or skylights, sometimes with framing for portions of, or entire structures.**
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR -6 AM 10:18

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

Date: **04/05/16**

Structures Unlimited, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By 
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

FILED

APR 06 2016 10:18

By **271735**



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:

Nellie M. Gorbea
Secretary of State

