Filing Fee: \$50.00

ID Number: 106552



Form No. 624 Revised: 12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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:

tollowing diatement for admonly to transact business in	The state of Whote Island drider a lictitude business fiame.
	ion, limited liability company or limited partnership is:
2. The fictitious business name to be used is \mathbb{R}^{ℓ}	leville Towing & REcovery
	ncorporated, organized or formed is Rhode Island
4. The date of incorporation, organization or formation	n is 05117 11999
5. If a business corporation, the address of its registered office within Rhode Island is 130 Taulk Hill Rd Nove the King Starm RI 0885	
6. If a business corporation, the business in which it is engaged 100000	
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: 5-9-16 10'.55 mm	DEK Pitchees Auto Salvage
FILED 10.30 km	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
MAY 26 2016	By Signature of Authorized Officer of the Corporation
By 275231	<u>or</u>
23:01 MA 32 YAN 8103	Signature of Authorized Person for the Limited Liability Company
F 3 (2) 1 (4) 1 (2)	<u>or</u>
SECRETARY OF STATE	By Signature of Authorized Person for the Limited Partnership