

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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).

Starlite	Building	Services	Inc.			
(Name to be Reserved)						

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

	3,7					
(Check One Only) Filing Fee						
	Business Corporation (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>)				
	<u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.	(\$50.00)				
		(<u>\$50.00</u>)				
Ш	<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>)				
	Non-Profit Corporation (including foreign non-profit corporations) pursuant to	(#00.00)				
	Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.	(<u>\$20.00</u>)				
	reservation will be recorded exclusively in the name of the applicant. The right to the exclutity name so reserved may be transferred to any other person by filing in the office of the Secr					
	a transfer available by the applicant for whom the name was recoved apositive the name	•				

The nai specifie 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: FILED rovidence 19309 A.A.3:46pm Under penalty of perjury, I declare and affirm that the information contained herein is true and correct. Submitted by: (Signature) (Address, if different from abdve)

Form No. 620 Revised: 12/05