

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2016 OCT -6 PM 4: 25

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: Top Shelf Building Maintenance Inc
2. The fictitious business name to be used is City Wide of Rhode Island
3. The state or territory under the laws of which it is incorporated, organized or formed is MA
4. The date of incorporation, organization or formation is 7/15/2016
5. If a business corporation, the address of its registered office within Rhode Island is 413 Central Ave. Suite #500 Pawtucket, R.I. 02861
6. If a business corporation, the business in which it is engaged Provide Building Maintenance 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: _____

Top Shelf Building Maintenance
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]
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

NOV 03 2016

BY CA 287808

4:00