

R.I. DEPT. OF STATE BUG SYCS DIV

2016 DEC 22 PM 1: 18

Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

fictitious business name:			L
1. Entity ID Number	2. Exact Name of the Corpo	ration 10 \$ MASSACHUS&TT	's Swimming
3. The fictitious business nam			
RIMA SWIM	LEAGUE		
4. The corporation is organize	ed under the laws of:	5. The date of incorporation is:	
RHOOF ISL	AMO	12/22/16	
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.			
Name of Applicant Non-Profit	Corporation		
Doug I	IMMEL		
Title of Authorized Person	***	Date	
TK	REASURER	12	-/22/16
Signature of Authorized Perso	on Jaig GN 500	CUMENT HERE	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 1:18

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