

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## **Fictitious Business Name Statement**

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-402</u>, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

| 1. Entity ID Number  | 2 Event Name of the Original State |                                       |              |
|--|------------------------------------|---------------------------------------|--------------|
| T. Endly ID Number   | 2. Exact Name of the Corporation   |                                       |              |
| 2207   | BELAir Finishing Supply Corp       |                                       |              |
| 3. List the fictitious business name to be used:   |                                    |                                       |              |
| · BEL Air Finishing Solutions  |                                    |                                       |              |
| 4. List the state or country the entity is incorporated:   |                                    | 5. List the date of incorporation:    |              |
| Rhode Island   |                                    | 18-27-1982-                           |              |
| 6. List the address of its registered office within Rhode Island:  |                                    |                                       |              |
| Street Address<br>101 CIRCUIT DRIVE  |                                    |                                       |              |
| City North Kingstown   |                                    | State<br>RHODE ISLAND                 | Zip<br>02852 |
| 7. List the business in which it is engaged: Distributor + MANUFACTURER of   |                                    |                                       |              |
| finishing equipment, supplies and metalware.   |                                    |                                       |              |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island.  |                                    |                                       |              |
| Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct. |                                    |                                       |              |
| Name of Authorized Officer of the Corporation Date / ,   |                                    |                                       |              |
| Steven a   | R. ALviti                          |                                       | 3/23/17      |
| Signature of Authorized Officer of the Corporation   |                                    |                                       |              |
| SIGN DOCUMENT 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

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

March 27, 2017 11:37 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

