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Fictitious Business Name Statement
 DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-6-11 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:

1. Entity ID Number 51573	2. Exact Name of the Corporation Rhode Island Mentoring Partnership, Inc.
3. The fictitious business name to be used is: Mentor Rhode Island: The RI Mentoring Partnership	
4. The corporation is organized under the laws of: RI	5. The date of incorporation is: August 29, 1988
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 Jo-Ann Schofield	
Title of Authorized Person President + CEO	Date 4/10/17
Signature of Authorized Person <i>John Schofield</i> 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

FILED

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BY 301082

A.A. 10:54 A.M.