



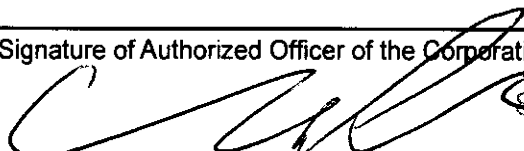
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, 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:

2017 APR 20 AM 10:04  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number <b>000909162</b>		2. Exact Name of the Corporation <b>Anthony Michael Paolucci, D.M.D., P.C.</b>	
3. List the fictitious business name to be used: <b>Paolucci Dental Associates</b>			
4. List the state or country the entity is incorporated: <b>Rhode Island</b>		5. List the date of incorporation: <b>02/24/2014</b>	
6. List the address of its registered office within Rhode Island: Street Address <b>1545 Smith Street</b>			
City <b>North Providence</b>		State <b>RHODE ISLAND</b>	Zip <b>02911</b>
7. List the business in which it is engaged: <b>Dentistry</b>			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
<i>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.</i>			
Name of Authorized Officer of the Corporation <b>Anthony M. Paolucci, D.M.D.</b>			Date <b>4/17/17</b>
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

**FILED**

**APR 20 2017**

BY 301372

A.A. 10:04 AM

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:

April 20, 2017 10:04 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

