



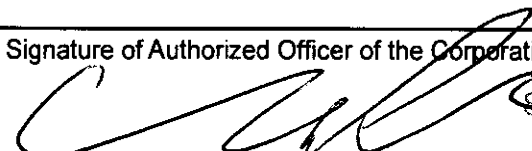
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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:

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