

2017 JUN9 PM 12: 18

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

→ Filing Fee: \$50.00

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 Filipa	E	. 05	0.00		

Pursuant to the provisions	of RIGL <u>7-1.2-402</u> , the undersi	gned business corporation hereby	submits				
fictitious business name:	authority to transact business i	n the state of Rhode Island under	a				
1. Entity ID Number							
000913488							
3. List the fictitious busine	ess name to be used:						
ALSI INC							
4. List the state or country	the entity is incorporated:	5. List the date of incorporation:					
Massachusetts		8/31/2001					
6. List the address of its re	egistered office within Rhode Isl	and:					
Street Address 515 Smith	Street						
City Providence		State RHODE ISLAND	Zip 02908				
7. List the business in whi	ch it is engaged:						
Temporary employment							
	uthorized to do business in the						
and minoring don't don't dill'e	u nerem is due and correct,	ve examined this Fictitious Busi	ness Name State and that				
Name of Authorized Office Stephen	_		Date 6 9 17				
Signature of Authorized Of	ficer of the Corporation	Sofan	1				
4411 TO	•						

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.

FORM 624 Corporation - Revised: 06/2016