

SECRETARY OF STATE CORPORATIONS 6:1V

## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Non-Profit Corporation** 

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> 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  | 2. Exact Name of the Corporation |                                  |                |
|--|----------------------------------|----------------------------------|----------------|
| 000 100 614  | Ministerio In                    | HERNACIONA                       | Il REINO DE FE |
| 3. The fictitious business name to be used is:   |                                  |                                  |                |
| REINO DE FE MONTE DE SION RADIO  |                                  |                                  |                |
| The corporation is organized under the laws of:  |                                  | 5. The date of incorporation is: |                |
| Rhode  | Island                           | 5/13/9                           | 8              |
| 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   |                                  |                                  |                |
| BYRON Eduardo MENDEZ   |                                  |                                  |                |
| Title of Authorized Person   |                                  |                                  | Date           |
| PRESide  |                                  |                                  | 1/24/18        |
| Signature of Authorized Person   |                                  |                                  |                |
| Signature of Authorized Person  SIGN DOCUMENT HERE   |                                  |                                  |                |
| - Joe Our J  |                                  |                                  |                |

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** 

JAN 24 2018

A.A.4.23pm.