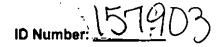
Filing Fee: \$50.00





## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## **FICTITIOUS BUSINESS NAME STATEMENT**

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	The legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the applicant business corporation in the legal name of the le	on, limited liability company or limited partnership is:
2.	The fictitious business name to be used is	HETRO ONE PROTECTION
3.	The state or territory under the laws of which it is in	ncorporated, organized or formed is
4.	The date of incorporation, organization or formation	nis <u>Tanvany</u> 26, 2001
5.	If a business corporation, the address of its registe	red office within Rhode Island is 450 VETERAWS  STE# 7A, EAST ARDVIDENCE, RI 02914
6.	If a business corporation, the business in which it is	s engaged SECURITY GUARD SERVICES
7. Applicant is otherwise authorized to do business in the state of Rhode Island.		
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	te: 1/25/2018	M-1 CORPORATION
	FILED	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	JAN <b>29</b> 2018	Signature of Authorized Officer of the Corporation
	BY 302851	<b>ा</b>
	AN. 10:16 AM	By Signature of Authorized Person for the Limited Liability Company
	SO:OIMA 82 MAU BIOS	<u>or</u> ₽v.
	COBECEIAE OFF PROPERTY SECENTED 1200 PROFINE DESCRIPTION (1970)	Signature of Authorized Person for the Limited Partnership