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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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:

ictitious business name:				
1. Entity ID Number	2. Exact Name of the Corporation Providence Skills Center, Inc.			
000152044				
3. The fictitious business	name to be used is:			-
Onboard Staffing				
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
RI		12-01-05		
	y, I declare and affirm that I h ntained herein is true and cor		us Business Name State	ement and
Name of Applicant Non-P	rofit Corporation			
Brian Hull				
Title of Authorized Person			Date	-
Executive Director			3-20-18	
Signature of Authorized F		OCUMENT 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**

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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:

March 23, 2018 09:27 AM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

