

Filing Fee: \$50.00

ID Number: 91106



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT
(To be Filed in Duplicate)

Pursuant to the provisions of Chapter 7-1.1-7.1 or 7-16-9 of the General Laws, 1956, as amended, the undersigned corporation or limited liability company hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

- The fictitious business name to be used is LORI'S HOSPITAL GIFT SHOPS *OK*
- The legal name of the applicant corporation or limited liability company is LAMAJAK INC.
- The state or territory under the laws of which it is incorporated or organized is Texas
- The date of incorporation or organization is _____
- The address of the registered office within Rhode Island is 10 Weybosset St., Providence, RI 02903
- If a corporation, the business in which it is engaged operaton of hospital gift shops-retail
- 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.

Dated 8-4, 1999

FILED
AUG 18 1999
By CE# 3 229-213

(Name of Applicant Corporation or Limited Liability Company)
By Michael Allen Cohen /Pres.
(Signature of Officer for the Corporation) (Title)
Michael Allen Cohen
RI

By _____
(Authorized Person for the Limited Liability Company)

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