

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC	or F	OREIGN	Business	Corporation	n
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→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1 2-402, the undersigned business corporation hereby submits

he following statement for authority to transact business in the state of Rhode Island under a ictitious business name:					
1. Entity ID Number 2. Exact Name of the Corporation ABF Data Sys-		STATE SOLV			
3. The fictitious business name to be used is: Direct Systems Support					
The corporation is organized under the laws of:	5. The date of incorporation is:				
California	November 12, 1991				
6. The address of its registered office within Rhode Island is:					
Street Address Onc Richmond Square	STE 125 B				
Providence	State RHODE ISLAND	zip 62906			
7. The business in which it is engaged: Computer Resc II or/ IBM Business Partner					
8. Applicant is otherwise authorized to do business in the state of Rhode Island.					
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 Authorized Officer of the Corporation		Date			

MAIL/fo:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Signature of Authorized Officer of the Corporation

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

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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 624A Corporation - Revised 11/2017

A. H. W. 54 A.M.