

R.I. DEPT. OF STATE BUS SVCS DIV

## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Business Corporation** 

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1,2-402</u>, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

fictitious business name:			
1. Entity ID Number	2. Exact Name of the Corporation		
555411	PROFESIS INC		
3. The fictitious business name to be used is:			
BAGDASARIAN CORPORATION			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
RI		10.21.2010	
6. The address of its registered office within Rhode Island is:			
Street Address 31 CAPITOL VIEW AVE			
City Worth Providence		State RHODE ISLAND	02908
7. The hydroges in which it is engaged:			
Import and Wholesale food			
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
60 es es 2			12/3/2018
Signature of Authorized Officer of the Corporation			
SICN DOCUMENT HERE			
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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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