



Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

2019 FEB - 1 PM 1:50

Pursuant to the provisions of R the following statement for auth fictitious business name:	IGL <u>7-1,2-402</u> , the undersignority to transact business in	gned business corporation he n the state of Rhode Island u	ereby submits inder a	<u> </u>	
1. Entity ID Number	2. Exact Name of the Corporation				
000104275	Dean Auto Collision Center, Inc.				
3. List the fictitious business r	name to be used:				
Dean Towing and Recovery					
4. List the state or country the entity is incorporated:		5. List the date of incor	5. List the date of incorporation:		
Rhode Island		January 5, 1999	January 5, 1999		
6. List the address of its regis	tered office within Rhode Is	aland:			
Street Address 700 North Mair	Street				
City Providence		State RHODE ISLAND	Zip 029	04	
7. List the business in which i	t is engaged:				
Automobile Towing and Recover	у				
8. Applicant is otherwise auth	orized to do business in the	state of Rhode Island.			
Under penalty of perjury, I the information contained I	declare and affirm that I h nerein is true and correct.	ave examined this Fictitiou	ıs Business Nar	ne State and that	
Name of Authorized Officer o		Date			
Michelle Izzo			ઢ-	-1-19	
Signature of Authorized Office	er of the Corporation				
mu	relity	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

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