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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

SECRETARY OF STA

## **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:

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Entity ID Number	2. Exact Name of the Corporation		
0000 29720	West Bay Residential Services, Inc.		
3. The fictitious business name to be used is:			
West Bay RI			
The corporation is organized under the laws of:		5. The date of incorporation is:	
Rhode Island		7/20/1981	
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 Applicant Non-Profit Corporation			
Gloria M. Quinn			
Title of Authorized Person			Date
Execut	ive Director		1/28/2019
Signature of Authorized Person  Signature of Authorized Person			

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:

February 04, 2019 03:01 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

