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ID	Number:	

Filing Fee: \$50.00



## 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 Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.	The legal name of the applicant business corporation, limited liability company or limited partnership is:     North Atlantic Distribution, Inc.		
2.	. The fictitious business name to be used is Northeast Stevedoring		
3.	The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island		
4.	The date of incorporation, organization or formation is March 29, 1984		
5.	If a business corporation, the address of its registered office within Rhode Island is  One Financial Plaza, Suite 1800, Providence, RI 02903		
6.	. If a business corporation, the business in which it is engaged  Servicing automobiles imported by others		
7.	7. Applicant is otherwise authorized to do business in the state of Rhode Island.		
Da	Under penalty of perjury, I declare that the information contained herein is true and correct.  North Atlantic Distribution, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership		
	DEC 0 4 2001  By Zussistant Signature of Officer for the Corporation Gary R. Pannone  or		
	By		
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<b>.</b>	By Signature of Authorized Person for the Limited Partnership  Signature of Authorized Person for the Limited Partnership		

Form No. 624 Revised: 01/99