



State of Rhode Island and Providence Plantations
Department of State - Business Services Division


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Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-13-2 the undersigned limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 000539216	2. Exact Name of the Limited Partnership Maxim Crane Works, L.P.
3. The fictitious business name to be used is: S & A Cranes, A Division of Maxim Crane Works	
4. The limited partnership is organized under the laws of: Pennsylvania	5. The date of formation 07/14/1994
6. Applicant is otherwise authorized to do business in the state of Rhode Island. <i>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.</i>	
Name of Applicant Limited Partnership Maxim Crane Works, L.P.	Date 5.7.19
Signature of Authorized Person  SIGN DOCUMENT 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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BY 

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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 624C Limited Partnership - Revised: 11/2017