

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 feetitious business name:

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nctitious business name:			
1. Entity ID Number	2. Exact Name of the Corporation		19
	Barlan Enterprises Ltd		
3. The fictitious business name to be used is:			
Guernsey's			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
New York		12/12/75	
6. The address of its registered office within Rhode Island is:			
Street Address IYRS, 449 Thames Street			
City Newport		State RHODE ISLAND	Zip 02840
7. The business in which it is engaged:			
Auction sales			
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
Arlan Ettinger, President			07/11/2019
Signature of Authorized Officer of the Corporation			
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 BV 15 2019 ST 81 M