Filing Fee: \$50.00

ID Number: 107337



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)

•		corporation, limited liability company or limited partnership is:
	The fictitious business name to be used is	s FOX POINT CAB
	The state or territory under the laws of wh	nich it is incorporated, organized or formed is
	The date of incorporation, organization or formation is	
	t a business corporation, the address of its registered office within Rhode Island is 35 N. SPRUCE ST. EAST PROVIDENCE, RHODE ISLAND 02914	
	If a business corporation, the business in which it is engaged <u>TAXI CAB FOR HIRE</u>	
•	Applicant is otherwise authorized to do bu	isiness in the state of reflore island.
		Under penalty of perjury, I declare that the information contained herein is true and correct.
ia	te <u> 8-2-01</u>	
а	te <u> 8-2-01</u>	herein is true and correct.
а		Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Officer for the Corporation Title
а	FILED	Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Officer for the Corporation Title
ia		Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Officer for the Corporation Title

Signature of Authorized Person for the Limited Partnership