

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

| fictitious business name: | | | | | | |
|---|--|-------------------------------------|---------------------|--------|--|--|
| 1. Entity ID Number | 2. Exact Name of the Corporation | | | | | |
| 1335715 | Family's Choice Cremation, Inc. | | | | | |
| 3. The fictitious business name to be used is: | | | | | | |
| Faithful Friends Pet Cremation | | | | | | |
| 4. The corporation is organized under the laws of: | | 5. The date of incorporation is: | | | | |
| Rhode Island | | May 26, 2015 | | | | |
| 6. The address of its registered office within Rhode Island is: | | | | | | |
| Street Address 1481 Wampanoag Trail | | | | 13 DEC | 。 2011 2011 2011 2011 2011 2011 2011 201 | |
| City East Providence | | State RHODE ISLAND | Zip 02915 | 20 F | 27.0 | |
| 7. The business in which it is engaged: | | | <u>.</u> | 112: | 17- (c) | |
| Crematory services | | | | 30 | 200 | |
| | | | | | | |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island. | | | | | | |
| | declare and affirm that I have ned herein is true and correct | examined this Fictitious Busi !. | ness Name S | tateme | nt and | |
| Name of Authorized Officer of the Corporation | | | Date | Date | | |
| Catherine A. Tattrie | | | 12/18/19 | | | |
| Signature of Authorized Officer of the Corporation | | | | | | |
| Catherine occument Here | | | | | | |
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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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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 624A Corporation - Revis

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