Filing Fee: \$20.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

## **NON-PROFIT CORPORATION**

## FICTITIOUS BUSINESS NAME STATEMENT (To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-6-11 of the General Laws, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1.	. The name of the non-profit corporation is	Klub, Inc
2.	2. The fictitious business name to be used is	honsin Child Cone Services up Z
3.	3. The state or other jurisdiction under the laws of which it	is incorporated is
4.	The date of incorporation is 7 8	
Di		der penalty of perjury, I declare that the information contained ein is true and correct.  Print Name of Applicant Non-Profit Corporation  Signature of Authorized Person  Title

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Form No. 626 Revised: 01/99