

Filing Fee \$50.00

I.D. # 10456

FICTITIOUS BUSINESS NAME STATEMENT
(To be filed in Duplicate)

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-7.1 for corporations or 7-16-9 for limited liability companies of the General Laws, 1956, as amended, the undersigned hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

FIRST: Fictitious business name to be used: ALPINE INSURANCE AGENCY *AI*

SECOND: Legal name of applicant corporation or limited liability company: ERNEST SHAGHALIAN, INC.

THIRD: Organized under the laws of: RHODE ISLAND

FOURTH: Date of organization: MAY 3, 1996

FIFTH: If a corporation, business in which corporation is engaged: INSURANCE AGENCY

SIXTH: If a corporation, address of registered office of the corporation within Rhode Island: 985 CRAISTON STREET, CRAISTON, RI 02920

SEVENTH: Applicant is otherwise authorized to do business in the State of Rhode Island.

Dated MAY 3, 1996

FILED

MAY 14 1996

By *[Signature]* 161261

Ernest Shaghalian Inc
DBA
Alpine Insurance Agency
(Applicant)

By: *[Signature]*
Its: *president*

MAY 14 11 22 PM '96

FORM 32ALC-37 3M 9-92

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.