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## **Fictitious Business Name Statement**

→ Filing Fee: \$20.00

DOMESTIC or FOREIGN Non-Profit Corporation

Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a

R.I. DEPT. 0 BUS SVC

fictitious business name:		00-	
1. Entity ID Number:	2. The name of corporation:  Society of St. Vincent de Paul (SVDP) Rhote is and		
000029195			
3. The fictitious business	name to be used is:		
Society of St. Vincent	de Paul - East Bay District		
4. The corporation is orga	anized under the laws of:	5. The date of incorporation is:	
Rhode Island		1/2/1888	
Under penalty of perjury, information contained he		examined this Fictitious Business Name Statement and that the	
Name of Applicant Non-F	Profit Corporation		
Renee' Brissette			
Title of Authorized Person	n	Date	
Executive Director		5/7/2020	
Signature of Authorized F	1/3 Esta	OQUMINI HE II	

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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BY CT | QG

A. A. 12:13 Pm.

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 12, 2020 12:13 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

