

## THE OC 30 P HIT

## **Fictitious Business Name Statement**

**DOMESTIC or FOREIGN Non-Profit Corporation** 

→ Filing Fee: \$20.00

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 fictitious business name:

1. Entity ID Number:	2. The name of corporation:			
001710365	Family Policy Foundation			
3. The fictitious business name to be used is:				
Family Policy Foundation of Rhode Island				
4. The corporation is organize	ed under the laws of:	5. The date of incorporation	5. The date of incorporation is:	
Colorado		01/20/2014		
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.				
Name of Applicant Non-Profit Corporation				
Family Policy Foundation				
Title of Authorized Person			Date	
Controller/Treasurer			10/16/2020	
Signature of Authorized Person  Larry Methos				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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