

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL <u>7-1,2-402,</u> the undersigned business corporat	on hereby	subm	iits	
he following statement for authority to transact business in the state of Rhode Isl				
fictitious business name:				

Entity ID Number:	2. The name of the Corporation is:				
000638790	Management Resource Partners, Inc.				
3. The fictitious business name	ne to be used is:	<u>, </u>			
Citywide Security, Inc.					
4. The corporation is organized under the laws of:		5. The date of incorporation is:			
Rhode Island		04/08/2011			
6. The address of its registere	ed office within Rhode Islan	nd is:			
Street Address 155 South Main S	Street Suite 301				
City Providence		State RHODE ISLAND	Zip 02903		
7. The business in which it is BUSINESS CONSULTING, MAI STAFFING AND SECURITY SE	NAGEMENT AND PROFES	SIONAL TEMPORARY			
8. Applicant is otherwise auth	orized to do business in th	e state of Rhode Island.			
Under penalty of perjury, I dec information contained herein	clare and affirm that I have is true and correct.	examined this Fictitious Business	Name Statement and that the		
Name of Authorized Officer of	the Corporation		Date		
Gayle A. Corrigan		01/04/2021			
Signature of Authorized Officer of the Corporation					

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 STAINF