RI SOS Filing Number: 202194648460 Date: 3/17/2021 9:12:00 AM

Filing Fee: \$50.00

ID Number: 001673111



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1 2-402, 7-18-0 or 7-12-2 of the Co.

herein is true and correct.  Hamel Painters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partner  By	The legal na	me of the applicant business corpor s, Inc.	ration, limited liability company or limited partnership is:
The date of incorporation, organization or formation is    November 3, 2006	. The fictitious	business name to be used is	Hamel Company
If a business corporation, the address of its registered office within Rhode Island is  National Registered Agents, Inc. 450 Veterans Memorial Pkwy, Suita 7A, East Providence, RI 02914  If a business corporation, the business in which it is engaged  Property Damage Reconstruction/Restoration  Applicant is otherwise authorized to do business in the state of Rhode Island.  Under penalty of perjury, I declare that the information containers in strue and correct.  Hamel Painters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partners and Containers of Authorized Officer of the Corporation  Signature of Authorized Person for the Limited Liability Company  Signature of Authorized Person for the Limited Liability Company	The state or	territory under the laws of which it is	s incorporated, organized or formed is Massachusetts
National Registered Agents, Inc. 450 Veterans Memorial Pkwy, Suite 7A, East Providence, RI 02914  If a business corporation, the business in which it is engaged Property Damage Reconstruction/Restoration  Applicant is otherwise authorized to do business in the state of Rhode Island.  Under penalty of perjury, I declare that the information conta herein is true and correct.  Hamel Painters, Inc.  Name of Applicant Corporation, Umited Liability Company or Limited Partners  By Signature of Authorized Officer of the Corporation  Officer of the Corporation  Signature of Authorized Person for the Limited Liability Company  Signature of Authorized Person for the Limited Liability Company	The date of i	ncorporation, organization or forma	tion is November 3, 2006
If a business corporation, the business in which it is engaged  Property Damage Reconstruction/Restoration  Applicant is otherwise authorized to do business in the state of Rhode Island.  Under penalty of perjury, I declare that the information conta herein is true and correct.  Hamel Painters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partners  By	If a business	corporation, the address of its regis	stered office within Rhode Island is
Applicant is otherwise authorized to do business in the state of Rhode Island.  Under penalty of perjury, 1 declare that the information conta herein is true and correct.  Hamel Painters, Inc.  Name of Applicant Corporation, Umited Liability Company or Umited Partners  By	National Regis	tered Agents, Inc. 450 Veterans Memorial	Pkwy, Suite 7A, East Providence, RI 02914
Under penalty of perjury, I declare that the information conta herein is true and correct.  Hamel Painters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partner  By	If a business	corporation, the business in which	it is engaged Property Damage Reconstruction/Restoration
herein is true and correct.  Hamel Painters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partner  By	Applicant is	otherwise authorized to do business	s in the state of Rhode Island.
By Signature of Authorized Person for the Limited Liability Company  Signature of Authorized Person for the Limited Liability Company  Signature of Authorized Person for the Limited Liability Company			Under penalty of perjury, I declare that the information containe herein is true and correct.
By Signature of Authorized Person for the Limited Liability Company  Signature of Authorized Person for the Limited Liability Company  Signature of Authorized Person for the Limited Liability Company	ate: 3.16.21	•	Hamel Painters, Inc.
Signature of Authorized Officer of the Corporation  or  By  Signature of Authorized Person for the Limited Liability Compar			Name of Applicant Corporation, Limited Liability Company or Limited Partnership
Signature of Authorized Person for the Limited Liability Compar			
Signature of Authorized Person for the Limited Liability Compar		9-12	<u>or</u>
MAR 1 7 2021 By		7.	BySignature of Authorized Person for the Limited Liability Company
MAR 1 7 2021 By		FILED	<u>or</u>
PHTY A M ON A SAME AND A SAME		MAR 1 7 2021	By
m No 624 and 1/11/1	m No. 624	BY_14	

RI SOS Filing Number: 202194648460 Date: 3/17/2021 9:12:00 AM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, 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:

March 17, 2021 09:12 AM

Nellie M. Gorbea Secretary of State

Tullin U. Horler

