State of Rhode Island **Department of State - Business Services Division Fictitious Business Name Statement DOMESTIC or FOREIGN Business Corporation** → Filing Fee: \$50.00 Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submit 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 the Corporation is: 000550603 Davis-Ulmer Sprinkler Company, Inc. 3. The fictitious business name to be used is: Cogswell Sprinkler Company 4. The corporation is organized under the laws of: 5. The date of incorporation is: 1/2/1946 New York 6. The address of its registered office within Rhode Island is: Street Address 450 Veterans Memorial Parkway, Suite 7A City State Zip **East Providence** 02914 **RHODE ISLAND** 7. The business in which it is engaged: Fire sprinkler contractor. 8. Applicant is otherwise authorized to do business in the state of Rhode Island. 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 Authorized Officer of the Corporation Date Thomas A. Lydon 6/1/2021 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

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If you have any questions, please call us at (401) 222-3040, Monday through Friday . H. Your between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

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:

June 01, 2021 12:09 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

