



State of Rhode Island  
**Department of State - Business Services Division**

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**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 submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

|   |  |  |                  |
|---|--|--|------------------|
| 1. Entity ID Number:<br>001748741   |  | 2. The name of the Corporation is:<br>LTD, INC |                  |
| 3. The fictitious business name to be used is:<br>Travelers Towing Company  |  |  |                  |
| 4. The corporation is organized under the laws of:<br>RI  |  | 5. The date of incorporation is:<br>11/16/2022 |                  |
| 6. The address of its registered office within Rhode Island is:   |  |  |                  |
| Street Address:<br>299 Allens Avenue  |  |  |                  |
| City<br>Providence  |  | State<br>RHODE ISLAND                          | Zip<br>02908     |
| 7. The business in which it is engaged:<br>Auto body  |  |  |                  |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island.   |  |  |                  |
| <i>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.</i> |  |  |                  |
| Name of Authorized Officer of the Corporation<br>Stephanie Douglas  |  |  | Date<br>2/7/2023 |
| Signature of Authorized Officer of the Corporation<br><i>Stephanie Douglas</i>  |  |  |                  |

**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, 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**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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 06, 2023 02:55 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

