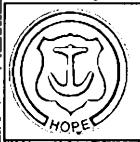
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## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

**Division Of Business Services** 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Business Corporation

Fictitious Business Name Statement

(Section 7412402 of the General Laws of Rhode (sland), 1956, as amended)

**SECTION I** 

The legal name of the applicant business corporation is: Cityside Property Management Corp.

**SECTION II** 

The fictitious business name to be used is: Cityside Properties

**SECTION III** 

The state or territory under the laws of which it is incorporated is

State: RI Country: USA

**SECTION IV** 

The date of incorporation is 03/30/2012

**SECTION V** 

The address of its registered office within Rhode Island is:

No. and Street:

1938 CRANSTON STREET

City or Town:

CRANSTON

Name:

JULIE LONGTIN

State: RI

Zip: <u>02921</u>

**SECTION VI** 

The business in which it is engaged

**REAL ESTATE OFFICE** 

**SECTION VII** 

Applicant is otherwise authorized to do business in the state of Rhode Island.

Signed this 28 Day of December, 2017 at 4:49:36 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

Cityside Property Management Corp.

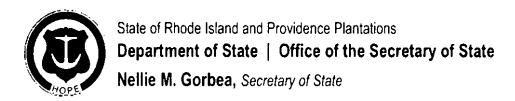
Name of Applicant Corporation

 JULIE LONGTIN Signature of Authorized Officer
Farm No. 624 Revised 09/07
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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

December 28, 2017 04:42 PM

Nellie M. Gorbea Secretary of State

Tullin U. Holen

