

## 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 submits

fictitious business name:		in the state of knode Island und		
Entity ID Number:	2. The name of the Corpo	2. The name of the Corporation is:		
001782650	Yale Cordage, Inc.	Yale Cordage, Inc.		
3. The fictitious business	name to be used is:			
Slingmax Group, Inc.				
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
Maine		7/15/1985		
6. The address of its regis	stered office within Rhode Islan	d is:		
Street Address 450 Veterans	s Memorial Parkway, Suite 7A			
City East Providence		State RHODE ISLAND	Zip 02914	
7. The business in which	it is engaged:		·	
Design, manufacturing, and	fabrication of synthetic rope and r	ope systems.		
8. Applicant is otherwise	authorized to do business in the	e state of Rhode Island.		
9. Under penalty of perjuing information contained her		ve examined this Fictitious Busin	ness Name Statement and that the	
Name of Authorized Officer of the Corporation			Date	
Randy Baughman			12/13/2024	
Signature of Authorized C	Officer of the Corporation		•	
Randy Baughman				
20000	<del></del>	- <del></del>		

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** 

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.