

State of Rhode Island

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00



Pursuant to the provisions of RIGL <u>7-6-11</u> the undersigned non-profit corporation hereby submits 0 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 corporation:		
28070	Greater Woonsocket Catholic Regional School System		
3. The fictitious business name to be used is:			
Good Shepherd Catholic School			
4. The corporation is organized under the laws of:		5. The date of incorporation is:	
Rhodo Island		06-14-1974 BUSEPE	
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 Applicant Non-Profit Corporation		T 9200	
Jennifer De Oliveira		——————————————————————————————————————	
Title of Authorized Person		Date	2
Administrator			5/27/25
Signature of Authorized Person			
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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 1:00
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