Filing Fee: \$50.00

ID Number: 105000



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1.		tion, limited liability co		
	JIMMYS LIC			ording is.
2.	The fictitious business name to be used is	RESTA CON	STRUCTION	COMPANY
3.	The state or territory under the laws of which it is i	_ 1	-	iode Foland
4.	The date of incorporation, organization or formation	n is $\frac{9/27/2}{}$	2011	•
5.	If a business corporation, the address of its registered office within Rhode Island is			
				2012
6.	If a business corporation, the business in which it is engaged			HAR
				28 28
7.	7. Applicant is otherwise authorized to do business in the state of Rhode Island.			OF STAY
		Under penalty of pe herein is true and co	rjury, I declare that the prect.	e information contained
Date	3/28/2012	·	mys 40	<u> </u>
	, ,	Name of Applicant Corpo	ration, Limited Liability Com	pany or Limited Partnership
		By sime	e a gel	ly .
		By Signature of Authorized Officer of the Comporation Signature of Authorized Person for the Limited Liability Company		
	MAR 2 8 2012			
	Ey_169365		or	/ Sampany
	119 10:21	BySignature of Author	orized Person for the Lim	nited Partnership



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

