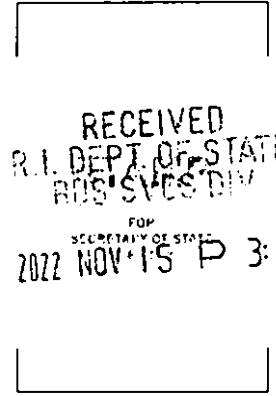




State of Rhode Island
Department of State - Business Services Division



Application for Reservation of Entity Name

DOMESTIC or FOREIGN Business Corporation, Limited Partnership,
 Limited Liability Company or Non-Profit Corporation

- Business Corporation Filing Fee: \$50.00 → Limited Partnership Filing Fee: \$50.00
- Limited Liability Company Filing Fee: \$50.00 → Non-Profit Corporation Filing Fee: \$20.00

The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing (other than as provided under RIGL 7-13-3):

1. The name to be reserved is: <i>RED-YELLOW-GREEN CHECKMARK I.D. SYSTEM</i>		
2. The name is being reserved for the entity type listed below:		
<input type="checkbox"/> Business Corporation (including Professional and Foreign Corporations) RIGL 7-1.2-403 <input type="checkbox"/> Limited Partnership (including Foreign Limited Partnerships) RIGL 7-13-3 <input type="checkbox"/> Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10 <input checked="" type="checkbox"/> Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11.1		
3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.		
4. List the Name of Applicant: <i>JOHN E. MIGLIACCIO</i>		
Address: <i>176 ARNOLD AVE</i>		
City/Town: <i>Cranston</i>	State: <i>RI</i>	Zip Code: <i>02905</i>
<i>Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.</i>		
Submitted by: <i>JOHN E. MIGLIACCIO</i>		
Address: <i>176 ARNOLD AVE</i>		
City/Town: <i>Cranston</i>	State: <i>RI</i>	Zip Code: <i>02905</i>
Signature of Authorized Person <i>John E. Migliaccio</i>		Date <i>11/14/22</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

FILED 357
STAMP
NOV 15 2022
BY [Signature] FOR [Signature]

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
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

November 15, 2022 03:57 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

