



TRADE NAME CERTIFICATE

FILED UNDER THE PROVISIONS OF RIGL § 6-1-1
Commercial Law – General Regulatory Provisions, Filing of Assumed Name

This is to certify that the undersigned is doing business as:

BUSINESS INFORMATION		
Name of Business:		
Street Address:		
Business Phone:	Map #	Lot #
Mailing Address (if different):		
Type of Business:		

BUSINESS OWNER	BUSINESS OWNER
Name:	Name:
Mailing Address:	Mailing Address:
Phone:	Phone:

Business Owner(s):

Signature

Signature

Before me personally appeared _____, and made oath that the above statement, signed by himself/herself/themselves as true, in the State of Rhode Island, County of Providence, Town of Burrillville, on this _____ day of _____, _____.

Notary Public

My Commission Expires: