

CERTIFICATE

Filed under the Provisions of Title 6, Chapter 1, Section 1 of the General Laws of the State of Rhode Island, 1956 as amended.

This is to certify that the undersigned

Full name or names

Address / Phone Number

City or Town

_____	_____	_____
_____	_____	_____
_____	_____	_____

The sole owner(s) of the business conducted under the name of

at _____

Signatures of all owners MUST be subscribed below

_____	_____
Print name	Signature
_____	_____
Print name	Signature
_____	_____
Print name	Signature

State of Rhode Island, Providence County

In Lincoln, in said County, this _____ day of _____ 20_____

Personally appeared before me the above subscribed _____

And made oath that the above statements signed by _____ are true.

Notary Public

Expiration

Filing fee: \$10.00

SEAL