

TRADE NAME CERTIFICATE

*Filed under the provisions of Title VI, Chapter I, Section I of the
General Laws of Rhode Island of 1956, as amended.*



THIS IS TO CERTIFY that I/we am/are the owner(s) of the business conducted under the name of:

Name of Business: _____

Type of Business: _____

Located at: _____

Ownership (choose one):

Corporation Name: _____

Co-Partnership Names: _____

Individual Ownership Name(s): _____

Address(es) of Owner(s): _____

Signed by person responsible for this information: _____

Phone: _____

Email / Website: _____

State of Rhode Island
County of Providence

In FOSTER in said PROVIDENCE County, the _____ day of _____, 20____, personally
appeared before me the above subscribed _____
and made oath that the above statement signed by him/her is true.

Notary Public _____

My commission expires: _____

§ 44-5-12.1 Assessment of tangible personal property: Subjects businesses to the
annual State tangible tax.

