TOWN OF GLOCESTER
TRADE NAME CERTIFICATE

Filed under the provisions of Rhode Island General Laws 6-1-1. Filing of Assumed Name

APPLICANTS’ FULL NAME:____________________________________________________

is the owner of the business conducted under the name: _________________________________
______________________________________________________________________________

LOCATED AT:_________________________________________________________________

______________________________________________________________________________

TYPE OF BUSINESS:___________________________________________________________
______________________________________________________________________________

CONTACT TELEPHONE #:______________________________________________________

___________________________________
(Print name)
___________________________________
(Legal Signature)

STATE OF RHODE ISLAND
COUNTY OF PROVIDENCE

In Glocester, in above State and County, before me personally appeared the above
named,________________________________________,and____________does hereby make oath
that the above document signed by ____________ is true.

_________________________________________
Notary Public
Commission Expiration Date: _________________