

City of Warwick

City Clerk's Office

Warwick City Hall

3275 Post Road Warwick, RI 02886

(401) 738-2000



TRADE NAME CERTIFICATE

Filed under the provisions of General Laws for the State of Rhode Island and all acts in addition thereto and amendments thereof.

Registration Fee: \$10.00

Date: _____

This is to certify that I / We the undersigned

NAME(S) please print

ADDRESS & ZIP CODE

Am / are the sole owner(s) of the business conducted under the name of:

Located at _____, Warwick, RI 0288_____

Witness _____ the hand _____ this _____ day of _____ A.D. 20_____

Signature_____

Print Name_____

Signature_____

Print Name_____

Signature_____

Print Name_____

State of Rhode Island

Kent County

In Warwick, in said country this _____ day of _____ A.D. 20_____ personally appeared before me the above-named _____ and made oath that the above statements by _____ abscribed are true.

Notary Signature_____

Print Name _____

Commission Expires _____