

Fee \$10.00



File No. \_\_\_\_\_

TOWN OF GLOUCESTER  
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 #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Legal Signature)

STATE OF RHODE ISLAND  
COUNTY OF PROVIDENCE

In Gloucester, 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: \_\_\_\_\_

DATE: