

Department of City Clerk
City Hall
Providence, Rhode Island



CERTIFICATE OF ASSUMED BUSINESS NAME

I/We, the undersigned, certify that I/we are the owner of the business carried on or conducted or transacted in the City of Providence, Rhode Island, under the following Assumed Business Name.

Assumed Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Owners Name and Address: (Please Print)

Business Owners

Signature: _____

In the City of Providence, County of Providence, State of Rhode Island, this _____ day of _____ A.D. 20____, personally appeared before me a Notary Public in and for the State of Rhode Island above subscribed _____ and made oath that the Above statements signed by _____ are true.

Notary Public

Registration Fee is \$10.00 and must accompany this form.
(Notary Fee and Certified Copy costs are additional.)

Initial Here

I UNDERSTAND THAT THIS DOES NOT ENTITLE THE ABOVE MENTIONED BUSINESS TO OPERATE AND DOES NOT CONSTITUTE A LICENSE IN THE CITY OF PROVIDENCE.