



CITY OF CRANSTON
Office of the City Clerk
869 Park Avenue
Cranston, RI 02910

DBA REGISTRATION OF ASSUMED BUSINESS NAME

If you are conducting a business in Cranston under an assumed business name, or under any designation, name or style, corporate or otherwise, other than the real name or names of the individual or individuals conducting or transacting business, **RIGL § 6-1-1** requires that the person or persons shall file, with the office of the Cranston City Clerk, a certificate stating the name under which the business is, or is to be, conducted or transacted, and the true or real full name or names, both the first name and surname, of the person or persons conducting or transacting the business, with the post office address or addresses of the person or persons, and the email address of the person or persons. **Per RIGL § 6-1-2 Filing Fee \$10.00.**

BUSINESS

BUSINESS NAME		
Nature of Business		
Type of business association (circle one): <i>(Per RIGL 6-1-3 not required for a duly recognized LLC)</i>		
d/b/a ("doing business as")	sole proprietorship	partnership joint venture
BUSINESS ADDRESS		
STATE TAX OR FEDERAL ID NUMBER	ASSESSOR'S PLAT	LOT
EMAIL	PHONE	

PERSON(S) CONDUCTING BUSINESS (attach additional sheet if necessary)

FULL NAME & TITLE	
EMAIL	PHONE
ADDRESS, CITY, STATE, ZIP	
FULL NAME & TITLE	
EMAIL	PHONE
ADDRESS, CITY, STATE, ZIP	

Signatures of ALL owners must be provided & notarized: _____
 (attach additional sheet if necessary)

Sworn and subscribed to before me at _____, County of _____, Rhode Island,
 this _____ day of _____, 20__.

NOTARY SIGNATURE **NOTARY PRINTED NAME** **DATE**

FEE PAID: CASH / CHECK / M.O. **DATE:** _____ **CLERK INITIAL:** _____

TYPE OF BUSINESS LICENSES REQUIRED BY CITY (if any):
