



Town of Little Compton
Town Hall
P.O. Box 226
Little Compton, RI 02837

CERTIFICATE

This is to certify that _____ the undersigned

Name:

Address/P.O. Box:

Town:

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

located at _____ in the Town of Little Compton, RI.

General description of business to be conducted:

Signature: _____

Signature: _____

STATE OF RHODE ISLAND
COUNTY OF NEWPORT

In Little Compton, in said County on this _____ day of _____, 20 _____
personally appeared before me the above described _____
and made oath that the above statements signed by _____ are true.

Notary Public