

NONPROFIT CORPORATION

STATE OF MAINE

STATEMENT OF INTENTION  
TO CARRY ON ACTIVITIES UNDER  
AN ASSUMED OR FICTITIOUS NAME

\_\_\_\_\_  
Deputy Secretary of State

A True Copy When Attested By Signature

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Real Name of Corporation)

Pursuant to [13-B MRSA §308-A](#), the undersigned corporation executes and delivers the following Statement of Intention to Carry on Activities Under an Assumed or Fictitious Name:

**FIRST:** The address of the registered office of the corporation in the State of Maine is \_\_\_\_\_

\_\_\_\_\_  
(street, city, state and zip code)

**SECOND:** ("X" one box only.)

assumed name ([13-B MRSA §308-A.1](#))                       fictitious name ([13-B MRSA §308-A.2](#))

The corporation intends to carry on activities under the assumed or fictitious name of

\_\_\_\_\_

Please note: A **fictitious name** is a name adopted by a **foreign corporation** authorized to carry on activities in this State because its real name is unavailable pursuant to [13-B MRSA §301-A](#).

**Complete the following if applicable:**

**THIRD:** If such assumed name is to be used at fewer than all of the corporation's places of activity in this State, the location(s) where it will be used is (are):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOURTH: (Foreign Corporation Only)**

Jurisdiction of incorporation \_\_\_\_\_ and the date on which  
the corporation was authorized to carry on activities in Maine \_\_\_\_\_

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*This document **MUST** be signed by any duly authorized officer. ([13-B MRSA §104.1.B](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(City, State & Zip)

**NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.**

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

Department of the Secretary of State  
Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
111 Sewall Street, 4<sup>th</sup> Floor  
Augusta, ME 04330