



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/07/2018	201831101424	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

NANCY H. ROGOFF, ESQ.
17 WATER ST.
CHAGRIN FALLS, OH 44022

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4252733

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SHAKESPEARE BY THE FALLS

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME REGISTRATION

Effective Date: 11/07/2018

Document No(s):

201831101424

Date of First Use: 07/10/2017

Expiration Date: 11/07/2023

CHAGRIN VALLEY LITTLE THEATRE
40 RIVER STREET
CHAGRIN FALLS, OH 44022



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
7th day of November, A.D. 2018.

Ohio Secretary of State

Form 534A Prescribed by:

Date Electronically Filed: 11/7/2018

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

[For screen readers, follow instructions located at this path.](#)

Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box



Trade Name
(167-RNO)

Date of first use:

7/10/2017

MM/DD/YYYY



Fictitious Name
(169-NFO)

SHAKESPEARE BY THE FALLS

Name being Registered or Reported

CHAGRIN VALLEY LITTLE THEATRE

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 186716

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Not for profit live theatre and entertainment

Business address:

40 RIVER STREET

Mailing Address

CHAGRIN FALLS

City

OH

State

44022

ZIP Code

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Application must be signed by the registrant or an authorized representative.

NANCY H. ROGOFF, ATTORNEY

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.