

Filing Fee: \$50.00

ID Number: 112889



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Northeast Liquidators, LLC
2. The fictitious business name to be used is Northeast Sports Training and Rehabilitation, LLC
3. The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4. The date of incorporation, organization or formation is 6/06/2000
5. If a business corporation, the address of its registered office within Rhode Island is c/o: Ronald J. Amirault, 3229 Post Road, Warwick, RI 02886
6. If a business corporation, the business in which it is engaged Sports Conditioning and Training, Fitness Training, and Rehabilitation Services
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
Date 8/6/08
2008 AUG 13 PM 12:48

Under penalty of perjury, I declare that the information contained herein is true and correct.

Northeast Liquidators, LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

By [Signature]
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

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AUG 13 2008
By DS 12:48
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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

