Filing Fee: \$50.00

ID Number: \_\_\_\_\_



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATION

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

MAR 05 2009

FICTITIOUS BUSINESS NAME STATEMENT

| me<br>ollo | suant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1999, as ended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the business from the state of Rhode Island under a fictitious business name: |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | The legal name of the applicant business corporation, limited liability company or limited partnership is:                                                                                                                                                                                               |
|            | The fictitious business name to be used is Kemet Properties                                                                                                                                                                                                                                              |
|            | The state or territory under the laws of which it is incorporated, organized or formed is RHODE Tslace                                                                                                                                                                                                   |
|            | The date of incorporation, organization or formation is 3/5/2009                                                                                                                                                                                                                                         |
| 5.         | If a business corporation, the address of its registered office within Rhode Island is 44 CARALLECT                                                                                                                                                                                                      |
|            | Lincoln RI 02865                                                                                                                                                                                                                                                                                         |
| 6.         | of Realistate                                                                                                                                                                                                                                                                                            |
| 7.         | Applicant is otherwise authorized to do business in the state of Rhode Island.                                                                                                                                                                                                                           |
| •          | Under penalty of perjury, I declare that the information contained herein is true and correct.                                                                                                                                                                                                           |
| Da         | Name of Applicant Corporation, Limited Liability Company or Limited Partnership                                                                                                                                                                                                                          |
|            | By Signature of Authorized Officer of the Corporation                                                                                                                                                                                                                                                    |
|            | <b>元 7</b>                                                                                                                                                                                                                                                                                               |
|            | By Signature of Authorized Person for the Liability Company                                                                                                                                                                                                                                              |
|            |                                                                                                                                                                                                                                                                                                          |
|            | By                                                                                                                                                                                                                                                                                                       |



## 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. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

