Filing Fee: \$50.00

ID Number: 11700

CORPORATIONS DIV



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:

| TOI | owing statement for authority to transact positiess i | • |
|-----------|---|--|
| 1. | The legal name of the applicant business corporations, Inc. | tion, timited liability company or limited partnership is: |
| 2. | The fictitious business name to be used is Metromedia Electricity | |
| 3. | The state or territory under the laws of which it is incorporated, organized or formed is Delaware | |
| 4. | The date of incorporation, organization or formation | on is <u>07/07/2</u> 011 |
| 5. | i. If a business corporation, the address of its registered office within Rhode Island is 450 Veterans Memorial parkway Ste. 7A East Providence, RI 02914 | |
| 6. | If a business corporation, the business in which it | is engaged _providing existing commerical & industrial |
| | | rience that blends well with our existing products & service offerings. |
| 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. |
| PACS (09) | | Sprague Energy Solutions, Inc. |
| | | Name of Applicant Corporation, Limited Liability Company or Limited Partnership By |
| | | Signature of Authorized Officer of the Corporation |
| | | <u>or</u> |
| | | BySignature of Authorized Person for the Limited Liability Company |
| | A. A. 2:49P.M | . <u>ar</u> |
| | 1, 1, | BySignature of Authorized Person for the Limited Partnership |

Form No. 624 Revised: 12/05