ID Number: 1007400



Filing Fee: \$50.00

## 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 con Cube HHF Northeast RI, LLC	poration, limited liability company or limited p	ertnership is:
2.	The fictitious business name to be used is	CubeSmart 6948	
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 form	mation is October 10, 2016	
5.	If a business corporation, the address of its re	egistered office within Rhode Island is	
6.			A Association
			9
7.	. Applicant is otherwise authorized to do business in the state of Rhode Island.		STATE PH 2: 31
Date: Dec. 16, 2016  FILED  DEC 19 2016  BY 291170 2:34		Under penalty of perjury, I declare the herein is true and correct.	at the information contained
		Cube HHF Northeast RI, LLC	
		Name of Applicant Corporation, Limited Liabilit  By  Signature of Authorized Officer of th	
		By Signature of Authorized Person for the	
		BySignature of Authorized Person for t	the Limited Partnership

Form No. 624 Revised: 12/05 I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

