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No Filing Fee (See Instructions)	ID Number: _001662201		
STATE OF RHODE ISLAND AND PROVIDENC Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-261	FEB 21		
Family Dollar Stores of Rhode Island, LLC			
SECTION I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY			
Pursuant to the applicable provisions of the Rhode Island General Laws, 1956, as amended, the undersigned duly qualified foreign ( <i>check one box only</i> ):			
Non-Profit Corporation <u>or</u> Business Corporation <u>or</u>	Limited Liability Company or		
Limited Partnership or Limited Liability Partnership			
submits the following Application for the purpose of transferring its authority to a (check one box only):			
Limited Partnership <u>or</u> Limited Liability Company <u>or</u> Business Corporation <u>or</u>			
Limited Liability Partnership or Non-Profit Corporation			
a. The name of the entity filing this application for transfer is: Family Dollar Stores of Rhode Island, Inc.			
b. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island:			
04/11/2016			
c. The jurisdiction upon transfer of authority: Virginia			
d. The name of the entity following the transfer of authority is:			
Family Dollar Stores of Rhode Island, LLC			
<ul> <li>e. The application for transfer is filed as an accompanying certificate to the certificate of registration for a limited partnership or or application for registration for a limited liability company or application for certificate of authority for a business corporation or application for certificate of authority for a non-profit corporation or notice of registration for a registered limited liability partnership (<i>check one box only</i>).</li> </ul>			
f. The application for transfer is accompanied by a certificate of good s proper officer of the state or country under the laws of which it is incorpo	rated.		
Form 612 05/12	FILED a'14		
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BY Cu 296207

## SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Date:

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

Date: February 17,2017		
Print Name of Other Entity	OR	Print Name of Partnership
By: Signature of Authorized Person	_	By: Signature of Partner
_		By:
By: Signature of Authorized Person		Signature of Partner
		By:Signature of Partner
Family Dollar Stores of Rhode Island, Inc.		
Print Name of Corporation By: Ken & Wample	OR	Print Name of Limited Liability Company
Signature of Authorized Person	-	By: Signature of Authorized Person
By: Signature of Authorized Person	-	By:
orginature of Addition2ed Person		Signature of Authorized Person



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

February 21, 2017 09:14 AM

Tulli U. Kolen

Nellie M. Gorbea Secretary of State

