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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

2017 MAR 13	R.I. DEPT. BUS SY
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1. Entity ID Number	2. Exact Name of the L	2. Exact Name of the Limited Liability Company			
000912382	NPT & Co., LLC	NPT & Co., LLC			
3. The fictitious business	name to be used is:	<u></u>			
Release					
4. The state or country the entity is formed is:		5. The date of form	5. The date of formation is:		
Rhode Island		3/27/2014	3/27/2014		
6. Applicant is otherwise	authorized to do business in	the state of Rhode Island.			
	y, I declare and affirm that ed herein is true and corre		tious Business Name State and that		
Name of Applicant Limited Liability Company			Date		
NPT+Co.	UC		3/3/2017		
Signature of Authorized F		e a Tipo Bire			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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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:

March 13, 2017 04:25 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

