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**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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:

1. Entity ID Number  <b>000912382</b>	2. Exact Name of the Limited Liability Company  <b>NPT &amp; Co., LLC</b>
3. The fictitious business name to be used is:  <b>Release</b>	
4. The state or country the entity is formed is:  <b>Rhode Island</b>	5. The date of formation is:  <b>3/27/2014</b>
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<b><i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i></b>	
Name of Applicant Limited Liability Company  <b>NPT &amp; Co., LLC</b>	Date  <b>3/3/2017</b>
Signature of Authorized Person  	

**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** ✓

**MAR 13 2017**

BY CU 298183

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