



2017 JUL 19 PM 12: 34

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

	of RIGL <u>7-16-9</u> the undersigned line ement for authority to transact busin :			
1. Entity ID Number	2. Exact Name of the Limited	2. Exact Name of the Limited Liability Company		
000941818	ConAgra Foods Sales, LLC	ConAgra Foods Sales, LLC		
3. The fictitious business name to be used is:				
Alexia Foods				
4. The state or country the entity is formed is:		5. The date of formation is:		
Delaware		February 20, 2007		
6. Applicant is otherwise a	authorized to do business in the sta	ite of Rhode Island.		
	y, I declare and affirm that I have ed herein is true and correct.	examined this Fictitious Bu	ısiness Name State and that	
Name of Applicant Limited Liability Company			Date	
ConAgra Foods Sales,	LLC		July 17, 2017	
Signature of Authorized P	erson			
Collen Fox	the sign dock	JMENT HERE		

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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BY 25 40
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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 624 LLC - Revised: 06/2016