

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 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:

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1. Entity ID Number	2. Exact Name of the Limited Liability Company		
	JONAS SOFTWARE USA LLC		
3. The fictitious business	name to be used is:		
INNOSOFT			
4. The state or country the entity is formed is:		5. The date of formation is:	
DELAWARE		6/2/03	
6. Applicant is otherwise	authorized to do business in	the state of Rhode Island	
Under penalty of perju	ry, I declare and affirm that ned herein is true and come	I have examined this Fid ct	ctitious Business Name State and that
Name of Applicant Limited Liability Company		<u> </u>	Date
JONAS SOFTWARE US			5/17/18
Signature of Authorized	Person SIGN	DOCUMENT HERE	
JEFF MACKINNON, MA			

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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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

RI SOS Filing Number: 201867918420 Date: 5/31/2018 12:12:00 PM



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:

May 31, 2018 12:12 PM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

