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 SECRETARY OF STATE
 CORPORATIONS DIV
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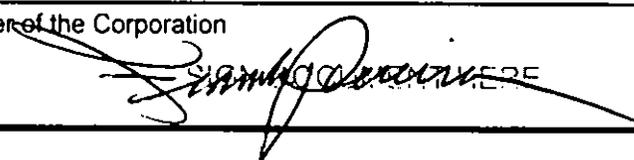
Fictitious Business Name Statement

~~DOMESTIC or FOREIGN Business Corporation.~~

→ Filing Fee: \$50.00

7-14

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation 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 000793996	2. Exact Name of the Corporation Surplus Provisions LLC		
3. List the fictitious business name to be used: b-conMED			
4. List the state or country the entity is incorporated: Rhode Island		5. List the date of incorporation: 10/22/2012	
6. List the address of its registered office within Rhode Island:			
Street Address 530 Wellington Ave.			
City Cranston	State RHODE ISLAND	Zip 02910	
7. List the business in which it is engaged: Assembly of first aid kits.			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
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.			
Name of Authorized Officer of the Corporation Frank E. Pereira Jr.			Date 9/9/18
Signature of Authorized Officer of the Corporation 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY QAB-B8AE5

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.