

## **Fictitious Business Name Statement**

Signature of Authorized Officer of the Corporation

Delaware

City

OMESTIC or FOREIGN	RARY AND AND AND AND AND AND AND AND AND AND						
→ Filing Fee: \$50.00	7.0F						
ursuant to the provisions of R ne following statement for auth ctitious business name:	IIGL <u>7-1,2-402</u> , the undersign hority to transact business in	ned business corporation hereby the state of Rhode Island under	PH 12: 10				
1. Entity ID Number	2. Exact Name of the Corpo	Exact Name of the Corporation					
000023821	Veritiv Operating Company						
3. List the fictitious business r	name to be used:						
All American Containers		_					
4. List the state or country the entity is incorporated:		5. List the date of incorporal	5. List the date of incorporation:				
Delaware		8/28/1975					
6. List the address of its regis	itered office within Rhode Isla	and:					
Street Address 450 VETERANS	S MEMORIAL PARKWAY, SU	UITE 7A					
City EAST PROVIDENCE		State RHODE ISLAND	Zip 02914				
7. List the business in which i	it is engaged:						
Distribute Paper, Packaging Pro	ducts & Maintenance Supplies						
8. Applicant is otherwise auth							
Under penalty of perjury, I the information contained i	declare and affirm that I ha herein is true and correct.	eve examined this Fictitious Bu	isiness Name State and that				
Name of Authorized Officer of	of the Corporation		Date				
Mark W. Hianik			01.02.2019				
	3.13. 0						

SIGN DOCUMENT HERE

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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 0 2 5019 MP 12: 0 BY\_CN\_SY42-V

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 Corporation - Revised: 06/2018