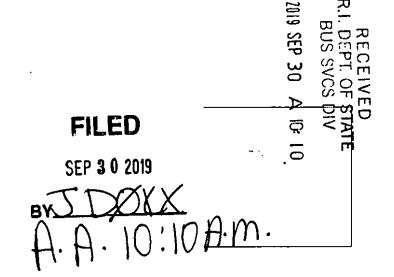
State of Rhode Island and Providence Plantations Department of State - Business Services Division		
	s Name Statement GN Limited Liability Company	י ז ו
	of RIGL <u>7-16-9</u> the undersigned limited liability company here ment for authority to transact business in the state of Rhode Is	
1. Entity ID Number	2. Exact Name of the Limited Liability Company	
001018599	NOXIMAZE SOFTWARE SOLUTIONS, LLC	
3. The fictitious business i Noximaze Consulting S		
4. The limited liability company is organized under the laws of:		5. The date of formation is:
Rhode Island		12-09-2014
6. Applicant is otherwise a	uthorized to do business in the state of Rhode Island.	
	, I declare and affirm that I have examined this Fictitious tained herein is true and correct.	
Name of Applicant Limited	NOXIMAZE Softwale Solution	ns ^{Date} 9/20/19
Signature of Authorized P	erson S. WIN DECUMENT HEB	

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



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.

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State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

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:

September 30, 2019 10:10 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

