State of Rhode Island and Providence Plantations Department of State - Business Services I Fictitious Business Name Statement DOMESTIC or FOREIGN Business Corporation \rightarrow Filing Fee: \$50.00 7-16-9 Pursuant to the provisions of RIGL $7-12-492$, the undersigned the following statement for authority to transact business in the fictitious business name:	C business corporation hereby su	R.I. DEPT. OF STATE BUS SVCS DIV 73.9 OCT - 3 PH I2: 02
1. Entity ID Number 2. Exact Name of the Gerporat	_	
000525643 W FOOD CRON	1PLC	
3. The fictitious business name to be used is:		
FINN'S KITCHEN + Market		
4. The corporation is organized under the laws of:	5. The date of incorporation is:	
Rhode Island	1/20/2010	
6. The address of its registered office within Rhode Island is:		
Street Address One Financial Plaza, 26th Floor		
City C	State	Zip
Providence	RHODE ISLAND	02903
7. The business in which it is engaged: Operating Company responsible of expenses and payroll for a ULENSE for Finn's.	· · · · · · · · · · · · · · · · · · ·	sales, payment
Operating Company responsible of expenses and payroll for E license for Finn's. 8. Applicant is otherwise authorized to do business in the stat	e of Rhode Island.	
Operating company responsible of expenses and puyroll for a license for finn's.	e of Rhode Island. axamined this Fictitious Busin	
Operating Company responsible of Expenses and payroll for a Ulense for finn's. 8. Applicant is otherwise authorized to do business in the stat Under penalty of perjury, I declare and affirm that I have	e of Rhode Island. axamined this Fictitious Busin	
Operating Company responsible of Expenses and payroll for a ULINSE for Finn's. 8. Applicant is otherwise authorized to do business in the stat Under penalty of perjury, I declare and affirm that I have that the information contained herein is true and correct.	e of Rhode Island. axamined this Fictitious Busin	ress Name Statement and
Operating Company responsible of Expenses and payroll for a ULENSE for Finn's. 8. Applicant is otherwise authorized to do business in the stat Under penalty of perjury, I declare and affirm that I have that the information contained herein is true and correct. Name of Authorized Officer of the Gorporation IIC	e of Rhode Island. axamined this Fictitious Busin	Date

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 624A Corporation - Revised: 11/2017



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:

October 03, 2019 12:02 PM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

