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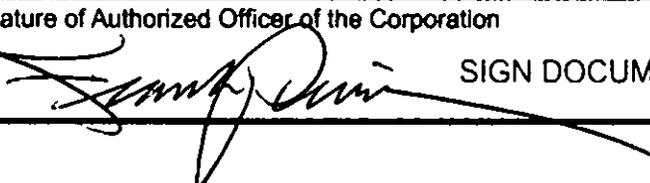


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**Fictitious Business Name Statement**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <sup>7-16</sup> ~~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 <b>793996</b>		2. Exact Name of the Corporation <b>Surplus Provisions LLC</b>	
3. List the fictitious business name to be used: <b>Durga Arms</b>			
4. List the state or country the entity is incorporated: <b>RI</b>		5. List the date of incorporation: <b>10/22/2012</b>	
6. List the address of its registered office within Rhode Island:			
Street Address <del>721 Pontiac Ave.</del> <b>231 Central Ave</b>			
City <del>Granston</del> <b>East Providence</b>		State <b>RHODE ISLAND</b>	Zip <del>02910</del> <b>02914</b>
7. List the business in which it is engaged: <b>Retailer of Clothing, Sporting Goods, Military Surplus, Survival Gear, etc.</b>			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
<b>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.</b>			
Name of Authorized Officer of the Corporation <b>Frank E. Pereira Jr.</b>			Date <b>10/23/2020</b>
Signature of Authorized Officer of the Corporation  <b>SIGN DOCUMENT HERE</b>			

**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** <sup>m</sup>  
OCT 28 2020 <sup>2:35</sup>  
BY Ch 6BJ6J

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.



State of Rhode Island  
**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,  
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 28, 2020 02:35 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

