State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY 21 P 1: 18

Fictitious Business Name Statement
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company 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:	2. The name of the Limited Liability Company is:
001704459	SAFStor Plainfield, LLC

3. The fictitious business name to be used is:
CubeSmart 5568

4. The state or country the entity is formed is:	5. The date of formation is:
Delaware	2/4/2020

6. 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 Statement and that the information contained herein is true and correct.

Name of Applicant Limited Liability Company	Date
Douglas Tyrell	5/21/2021

Signature of Authorized Person

(signature)

FILED

MAY 21 2021

BY *(handwritten)*

1:18

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 624B LLC - Revised: 08/2020

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:

May 21, 2021 01:18 PM

Nellie M. Gorbea
Secretary of State