



State of Rhode Island

Department of State - Business Services Division

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

→ Filing Fee: \$50.00

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JUL 20 P 1:01

Pursuant to the provisions of RIGL 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:<br>000133904                                                                                                                                                 |  | 2. The name of the Corporation is:<br>Nutrien Ag Solutions, Inc. |                       |
| 3. The fictitious business name to be used is:<br>Nutrien Ag Solutions                                                                                                            |  |                                                                  |                       |
| 4. The corporation is organized under the laws of:<br>Delaware                                                                                                                    |  | 5. The date of incorporation is:<br>July 3, 2003                 |                       |
| 6. The address of its registered office within Rhode Island is:<br>Street Address<br>450 Veterans Memorial Hwy, Suite 7A                                                          |  |                                                                  |                       |
| City<br>East Providence                                                                                                                                                           |  | State<br>RHODE ISLAND                                            | Zip<br>02914          |
| 7. The business in which it is engaged:<br>Fertilizer Sales and Distribution                                                                                                      |  |                                                                  |                       |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island.                                                                                                 |  |                                                                  |                       |
| <i>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.</i> |  |                                                                  |                       |
| Name of Authorized Officer of the Corporation<br>Kara Fenton                                                                                                                      |  |                                                                  | Date<br>JULY 19, 2021 |
| Signature of Authorized Officer of the Corporation<br>                                                                                                                            |  |                                                                  |                       |

**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**

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BY

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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: 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:

July 20, 2021 01:01 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

