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State of Rhode Island

Department of State - Business Services Division

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Fictitious Business Name Statement

DOMESTIC or FOREIGN Partnership

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-12.1-902.1</u> or <u>7-13.1-114.1</u> the undersigned limited partnership 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 Partnership is:		
000080145	Ferrellgas, Limited Partnership		
3. The fictitious business name to be used is:			
Ferrell North America			
4. The state or country the entity was formed in is:		5. The date of registration is:	
Delaware		06/16/1994	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.			
7. 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 Partnership			Date
Ferrellgas, Limited Partnership			7/19/2024
Signature of General Partner or Authorized Person Stephane Honay			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 1 0 2024 AMP BY EHOLV 1985

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I, GREGG M. AMORE, 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:

September 10, 2024 01:28 PM

Gregg M. Amore Secretary of State

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