



State of Rhode Island
Department of State - Business Services Division

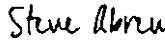
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Fictitious Business Name Statement

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: 001736182	2. The name of the Limited Liability Company is: Nexera Holding LLC
3. The fictitious business name to be used is: Newfi Capital Partners	
4. The state or country the entity is formed is: Delaware	5. The date of formation is: 5/15/2014
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 Limited Liability Company Nexera Holding LLC, Steven Michael Abreu, Authorized Person	Date 3/13/2025
Signature of Authorized Person <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>DocuSigned by:</small>  <small>84952525A46B482</small> </div>	

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.



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

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:

March 20, 2025 12:09 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

