ID Number: <u>522698</u> Filing Fee: \$50.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

2.	The fictitious business name to be used is Brig	gade
3.	The state or territory under the laws of which it is	s incorporated, organized or formed is Rhode Island
4.	The date of incorporation, organization or format	tion is 01/01/10
5.		stered office within Rhode Island is
	325 Angell Street, Providence, RI 02906	
6.	If a business corporation, the business in which	it is engaged Manufacturing
	,	
		20
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.  OCCURRENT  OCCURREN	
		A R
		Under penalty of perjury, I declare that the information contained
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Πa	<sub>ta</sub> . January 6, 2010	Under penalty of perjury, I declare that the information contained herein is true and correct.  IGI Quartermasters, Inc.
Da	te: January 6, 2010	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	te: January 6, 2010	Under penalty of perjury, I declare that the information contained herein is true and correct.  IGI Quartermasters, Inc.
Da	te: January 6, 2010	Under penalty of perjury, I declare that the information contained herein is true and correct.  IGI Quartermasters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership
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Da		Under penalty of perjury, I declare that the information contained herein is true and correct.  IGI Quartermasters, Inc.  Name of Applicant Corporation, Elmited Liability Company or Limited Partnership.
Da	te: January 6, 2010	Under penalty of perjury, I declare that the information contained herein is true and correct.  IGI Quartermasters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Officer of the Corporation  By  Signature of Authorized Person for the Limited Liability Company
Da		Under penalty of perjury, I declare that the information contained herein is true and correct.  IGI Quartermasters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership  Signature of Authorized Officer of the Corporation  By  Signature of Authorized Person for the Limited Liability Company  or
Da	FILED	Under penalty of perjury, I declare that the information contained herein is true and correct.  IGI Quartermasters, Inc.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership Signature of Authorized Officer of the Corporation  By  Signature of Authorized Person for the Limited Liability Company



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

