

Filing Fee: \$50.00

ID Number: 78740



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2015 MAY - 7 AM 9: 21
SECRETARY OF STATE
CORPORATIONS DIV.

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:

- 1. The legal name of the applicant business corporation, limited liability company or limited partnership is: **Factory Mutual Insurance Company**
- 2. The fictitious business name to be used is **FM GLOBAL RESEARCH CAMPUS**
- 3. The state or territory under the laws of which it is incorporated, organized or formed is **RHODE ISLAND**
- 4. The date of incorporation, organization or formation is **31 OCTOBER 1835**
- 5. If a business corporation, the address of its registered office within Rhode Island is **c/o CT Corporation System, 450 Veterans Memorial Blvd, Suite 7A, East Providence, RI 02914**
- 6. If a business corporation, the business in which it is engaged **Insurance**
- 7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: **6 May 2015**

Factory Mutual Insurance Company

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By 
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

FILED
MAY 07 2015
By 248431
AA. 9:21 A.M.



State of Rhode Island and Providence Plantations
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
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 handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

