

Filing Fee: \$50.00

ID Number: _____



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:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
New England Home Infusion, LLC INC. JAS
2. The fictitious business name to be used is New England Home Infusion
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 July 16, 2009
5. If a business corporation, the address of its registered office within Rhode Island is _____
325 Angell Street, Providence, RI 02906
6. If a business corporation, the business in which it is engaged Health care
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: July 16, 2009

New England Home Infusion, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] PRESIDENT
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

JUL 16 2009

By [Signature]

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