Filing Fee: \$20.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

SECRETARY IT STATE CORE LATINAS DIV

## **NON-PROFIT CORPORATION**

## **FICTITIOUS BUSINESS NAME STATEMENT**

Pursuant to the provisions of Section 7-6-11 of the General Laws of Rhode Island, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1.	The name of the non-profit corporation is	United Cerebral Palsy of Rhode Island, Inc.
2.	The fictitious business name to be used is	Life Without Limits Home Health Care
3.	The state or other jurisdiction under the la	ws of which it is incorporated is Rhode Island
1.	The date of incorporation isJuly 7, 1954	4
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: January / 4, 2010		United Cerebral Palsy of Rhode Island, Inc.
		By C. R.dlon Signature of Authorized Person  President
		Title

Form No. 626 Revised: 12/05 10:36

FILED

FEB -9 2010

By 3/0548



## 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

