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 INSTALE
CORF. A TORIS 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 law	ws of which it is incorporated is Rhode Island
4.	The date of incorporation is July 7, 1954	<b>,</b>
		Under penalty of perjury, I declare that the information contained herein is true and correct.
D	ate: 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 3/1 0548