Filing Fee: \$50.00 ID Number: 00105810



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, \$\sum\_{956}\$, as amended, the undersigned business corporation, limited liability company or limited partnership hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

Date:    Date:   By	1.	The legal name of the applicant business corporation, limited liability company, or limited partnership is: <b>HEALTHY BEGINNINGS, INC.</b>	
4. The state or territory under the laws of which it is incorporated, organized or formed is  Od/08/1999  6. If a business corporation, the address of the registered office within Rhode Island is  Warwick Rhode Island 02886  Under penalty of perjury, I declare that the information containers is true and correct.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership  By  Signature of Authorized Person for the Limited Partnership  By  Signature of Authorized Person for the Limited Partnership	2.	The fictitious business name being abandoned is HEALTHY BEGINNINGS PRIMARY CARE	
5. The date of incorporation, organization or formation is  O4/08/1999  6. If a business corporation, the address of the registered office within Rhode Island is  Warwick Rhode Island 02886  Under penalty of perjury, I declare that the information container in is true and correct.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership  By Signature of Authorized Person for the Limited Liability Company  Or  By Signature of Authorized Person for the Limited Partnership	3.	The date when the original fictitious business name statement was filed is	
6. If a business corporation, the address of the registered office within Rhode Island is    215 Tollgate Road Suite 10	4.	The state or territory under the laws of which i	t is incorporated, organized or formed is RHODE ISLAND
Under penalty of perjury, I declare that the information containerein is true and correct.  Name of Applicant Corporation, Limited Liability Company or Limited Partnership  By Signature of Authorized Person for the Limited Liability Company  Or  By Signature of Authorized Person for the Limited Partnership  By Signature of Authorized Person for the Limited Partnership	5.	The date of incorporation, organization or form	nation is 04/08/1999
Date:    Date:   By	6.		egistered office within Rhode Island is 215 Tollgate Road Suite 104
Signature of Authorized Officer of the Corporation  or  By Signature of Authorized Person for the Limited Liability Compa  or  By Signature of Authorized Person for the Limited Partnership	Da	te: 6/1/13	
By			By
Signature of Authorized Person for the Limited Liability Company  or  By  Signature of Authorized Person for the Limited Partnership			
Signature of Authorized Person for the Limited Partnership			BySignature of Authorized Person for the Limited Liability Company
Signature of Authorized Person for the Limited Partnership  FILED  Form No. 625			<del>-</del>
FILED Form No. 625 FILED FORM No. 625		10:30	BySignature of Authorized Person for the Limited Partnership
Revised: 12/05		m No. 625	