Filing Fee: \$20.00

ID Number 27471



## STATE OF RHODE SLAND AND PROVIDENCE PLANTATIONS

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

## **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	ent County Visiting Nurse Association		$ abla_1 \cap$
			<del>&gt;</del>	
			<del></del>	
2.	The fictitious business name to be used is _	New England Home and Hospice	<u>_</u>	77.55 55.55 10.55
3.	The state or other jurisdiction under the laws	of which it is incorporated is Rhode Island	AM 10:	문유(
4.	The date of incorporation is			STA
٠.	The date of incorporation is		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	<del>~</del>
		Under penalty of perjury, I declare that the inf herein is true and correct.	ormation co	ntained
Date: 3/26/2012		Kent County Visiting Nurse Association		
		Print Name of Applicant Non-Profit Corporation		
		By Lacey L		
		Signature of Authorized Person	Signature of Authorized Person	
		President & CEO		
		Title		

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BY D 168703

Form No. 626 Revised: 12/05



## 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

