

Filing Fee: \$20.00

ID Number 27471



**STATE OF RHODE ISLAND 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 Kent County Visiting Nurse Association

2. The fictitious business name to be used is Hospice Care of the VNA of Care New England

3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island

4. The date of incorporation is March 15, 1971

2012 APR 13 AM 10:52  
SECRETARY OF STATE  
CORPORATIONS DIV

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 3/26/2012

Kent County Visiting Nurse Association

Print Name of Applicant Non-Profit Corporation

By [Signature]

Signature of Authorized Person

President & CEO

Title

**FILED** 1052

APR 13 2012

BY D2 168703



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## 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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

