Filing Fee: $10.00

FICTITIOUS BUSINESS NAME STATEMENT

To the Secretary of State
of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-7.1 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

FIRST: Fictitious Business name to be used Newport Bristol Ambulance Service

SECOND: Name of applicant corporation Tiverton Emergency Ambulance Service, Inc.

THIRD: Incorporated under the laws of Rhode Island

FOURTH: Date of incorporation

FIFTH: Business in which engaged Ambulance Service

SIXTH: Address of registered office within Rhode Island P.O. Box 491 4 Mattew Road Tiverton RI 02878

SEVENTH: Applicant is otherwise qualified to do business in the State of Rhode Island.

Dated 8/20, 1986

08/22/86 PAID CP10 CHEK 0014A001 10.00 10.00

(Applicant) President

By

Its

FORM 32

AUG 20 1986