

Filing Fee: \$50.00

ID Number: 110999



**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, 1956, 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:

1. The legal name of the applicant business corporation, limited liability company, or limited partnership is: Kindred Nursing Centers East, L.L.C.
2. The fictitious business name being abandoned is Chestnut Terrace Nursing and Rehabilitation Center
3. The date when the original fictitious business name statement was filed is 5/9/08
4. The state or territory under the laws of which it is incorporated, organized or formed is DE
5. The date of incorporation, organization or formation is 3/12/98
6. If a business corporation, the address of the registered office within Rhode Island is CT Corporation System, 155 South Main Street, Suite 301, Providence, RI 02903

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

Date: 5/9/13

Kindred Nursing Centers East, L.L.C.  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By \_\_\_\_\_  
Signature of Authorized Officer of the Corporation

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

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STATE OF RHODE ISLAND  
CORPORATIONS DIVISION



# 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*

