Filing Fee: \$50.00

ID Number: 000823562



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

## FICTITIOUS BUSINESS NAME STATEMENT

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 submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

| 1. | The legal name of the applicant husbaness name:  |                         |
|----|--|-------------------------|
|    | The legal name of the applicant business corporation, limited liability company or limited partnership is:  Prospect CharterCARE RWMC, LLC |                         |
| 2. | The fictitious business name to be used is Roger Williams Primary Care Physicians Group  |                         |
| 3. | The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island                                     |                         |
| 4. | The date of incorporation, organization or formation is08/21/2013  |                         |
| 5. | If a business corporation, the address of its registered office within Rhode Island is c/o CT Corporation St                               | <b>78C</b>              |
|    | 450 Veterans Memorial Parkway Suite 74 P   | S                       |
| 6. | If a business corporation, the business in which it is engaged Medical Services  | No.                     |
|    | T.   | 550                     |
| 7. |  | DIV.                    |
|    | Under penalty of perjury, I declare that the information contain herein is true and correct.   | ined                    |
| Da | re: 3/19/14 Prospect CharterCARE RWMC, LLC   |                         |
|    | MAR 25 2014 Name of Applicant Corporation, Limited Liability Company or Limited Partner  | rship                   |
| В  | y 270730  By  Signature of Authorized Officer of the Corporation   | <del>************</del> |
|    | By   | ny .                    |
|    | <u>or</u><br>By  |                         |
|    | Signature of Authorized Person for the Limited Partnership   |                         |

Form No. 624 Revised: 12/05