Filing Fee: \$50.00

ID Number: <u>000823562</u>



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 business corporation, limited liability company or limited partnership is:
2.	Prospect CharterCARE RWMC, LLC The fictitious business name to be used is Roger Williams Breast Health Center
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 is
5.	If a business corporation, the address of its registered office within Rhode Island is c/o CT Corporation System
	450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914
6.	If a business corporation, the business in which it is engaged Medical Services
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	Prospect CharterCARE RWMC, LLC Name of Applicant Corporation, Limited Liability Company or Limited Partnership
Ву <u>.</u>	MAR 25 2014 Am Signature of Authorized Officer of the Corporation By Signature of Authorized Person for the Limited Liability Company or By By Signature of Authorized Person for the Limited Liability Company
	Signature of Authorized Person for the Limited Partnership

Form No. 624 Revised: 12/05