

Filing Fee: \$50.00

ID Number: 000823569



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: Prospect CharterCARE SJHSRI, LLC
2. The fictitious business name to be used is St. Joseph OB/GYN 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 is 08/21/2013
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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2014 MAR 25 AM 10:09

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

Date: 3/19/14

**FILED** 10:09 AM  
MAR 25 2014  
By 220730  
KUM

Prospect CharterCARE SJHSRI, LLC

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



# 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*

