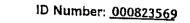
Filing Fee: \$50.00





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 cor Prospect CharterCARE SJHSRI, LLC	poration, limited liability company or limited partnership is	S:	
2.	The fictitious business name to be used is \underline{F}	atima Hospital Wound Care 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 for	mation is08/21/2013		
5.	If a business corporation, the address of its re	egistered office within Rhode Island is c/o CT Corpo	ration	Syste
	450 Vecerans Memorial Parkway, S	uite 7A, East Providence, RI 02914	274 274	TOP
6.	If a business corporation, the business in whi		25	
7.	Applicant is otherwise authorized to do busin	ess in the state of Rhode Island.	AH 10: 09	NS DIV
		Under penalty of perjury, I declare that the information herein is true and correct.	nation co	ntained
Date: 3/19/14		Prospect CharterCARE SJHSRI, LLC		
		Name of Applicant Corporation, Limited Liability Company or	Limited Par	tnership
	FILED 10:09 MAR 25 2014 AW	BySignature of Authorized Officer of the Corporation	n	
Ву_	220730 KM	By Signature of Authorized Person for the Limited Li	ability Com	ipany
		or By Signature of Authorized Person for the Limited P.	artnership	

Form No. 624 Revised: 12/05