**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 **Fatima 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 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.

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

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

Date: **3/19/14**

**Prospect CharterCARE SJHSRI, LLC**
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

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

By _____
Signature of Authorized Officer of the Corporation

*or*

By _____
Signature of Authorized Person for the Limited Liability Company

*or*

By _____
Signature of Authorized Person for the Limited Partnership

Form No. 624
Revised: 12/05