

Filing Fee: \$50.00

ID Number: 1007674



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:
Orthopedics Rhode Island, Inc.
2. The fictitious business name to be used is Ortho CT
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 11/17/2014
5. If a business corporation, the address of its registered office within Rhode Island is
Nixon Peabody LLP, One Citizens Plaza, Ste. 500, Providence, RI 02903
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
2015 OCT 15 AM 10:56

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

Date: 10/9/15

Orthopedics Rhode Island, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Michael P. Peabody

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

FILED

OCT 15 2015

By 258461

A.A. 10:56 A.M.