Filing Fee: \$50.00

1D Number: 134434



## 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:  Triad Healthcare, Inc.				
2.	The fictitious business name to be used is eviCore healthcare MSK Services of Connecticut, Inc.				
3.	The state or territory under the laws of which it is incorporated, organized or formed is				
4.	The date of incorporation, organization or formation is $227272003$			2015 NO	• • •
5.	If a business corporation, the address of its registered office within Rhode Island is			- AG	
•	222 Jefferson Boulevard, Suite 200. Warwick, RI 02888			Ò	
6.	If a business corporation, the business in which it is engaged Utilization Management			0 HI	\$95 88
				84	
	herein i	Under penalty of perjury, I declare that the information contained herein is true and correct.			
Dat	te: 10-28-15 Triad Healthcare, Inc.				
	Name of A	Applicant Corporation, Limited Lia		nited Pa	tnership
	FILED	<u>or</u>			
	M A 100 (01)	nature of Authorized Person fo		·	. ,
	Sig	nature of Authorized Person for	or the Limited Part	nership	

Form No. 624 Revised: 12/05 I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

