ID Number: <u>13372</u>97 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	
am	nended, the undersigned business corporation	02, 7-16-9 or 7-13-2 of the General Laws of Rhode (1512nd, 19956, as on, limited liability company, or limited partnership hereby submits the ness in the state of Rhode Island under a fictitious business name of the state of Rhode Island under a fictitious business name of the state of Rhode Island under a fictitious business name of the state of Rhode Island under a fictitious business name of the state of Rhode Island under a fictitious business name of the state of	
1.	The legal name of the applicant business cor Park View Operations Associates LLC	rporation, limited liability company or limited partnership is:	
2.	The fictitious business name to be used is	Park View Center for Rehabilitation and Health Care	
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 is	
5.	If a business corporation, the address of its re Suite 125B Providence, Rhode Island 02	egistered office within Rhode Island is One Richmond Square	
6.	5. If a business corporation, the business in which it is engaged Health Care		
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.		
		Under penalty of perjury, I declare that the information contained herein is true and correct.	
Da	te: 02/16/2016	Park View Operations Associates LLC	
	<del></del>	Name of Applicant Corporation, Limited Liability Company or Limited Partnership	
		BySignature of Authorized Officer of the Corporation	
	FILED		
	FEB 22 2016 9:05	Signature of Authorized Person for the Limited Liability Company	
		<u>or</u>	

By AR 21,8095

Ву	
•	Signature of Authorized Officer of the Corporation
Ву	OI OI
	Signature of Authorized Person for the Limited Liability Company
	<u>or</u>
Вν	
, .	Signature of Authorized Person for the Limited Partnership

Form No. 624 Revised: 12/05