

Filing Fee: \$50.00

ID Number: 1335077



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

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SECRETARY OF STATE
CORPORATION DIVISION
2016 FEB 22 AM 9:05

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: **Bannister Operations Associates LLC**
2. The fictitious business name to be used is **Bannister 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 formation is **05/11/2015**
5. If a business corporation, the address of its registered office within Rhode Island is **One Richmond Square**
Suite 125B Providence, Rhode Island 02906
6. 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.

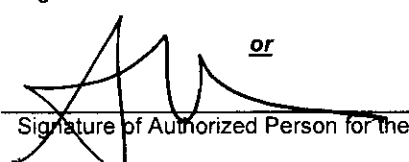
Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: **02/16/2016**

Bannister Operations Associates LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

By  or
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

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By **AR 268 094**