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Filing Fee: \$50.00

ID Number: _

SECRETARY OF STA



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:

The legal name of the applicant business corporation, limited liability company or limited partnership is: Concord Health Services, Inc.		
2.	The fictitious business name to be used is Conco	ord Homechoice
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	is3/21/1997
5.	If a business corporation, the address of its registered office within Rhode Island is 30 Rolfe Square, Cranston, RI 02910	
6.	If a business corporation, the business in which it is	engaged Provision of home health services
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: March 23, 2016		David DiFilippo Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation
	FILED MAR 3 0 2016 2016	BySignature of Authorized Person for the Limited Liability Company
	A.A. 9:42 H.M.	BySignature of Authorized Person for the Limited Partnership

Form No. 624 Revised: 12/05