

Filing Fee: \$50.00

ID Number: 869968



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
CORPORATIONS DIV

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:
Prospect Provider Group RI, LLC
2. The fictitious business name to be used is CharterCARE Provider Group RI, LLC
3. The state or territory under the laws of which it is incorporated, organized or formed is Delaware
4. The date of incorporation, organization or formation is November 19, 2013
5. If a business corporation, the address of its registered office within Rhode Island is _____
CT Corporation System, 450 Veterans Memorial Parkway, Suite 7A East Providence, RI 02914
6. If a business corporation, the business in which it is engaged An independent practice association (IPA).
Arranges for the provision of medical care for members of health plans or other third-party payors.
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: June 29, 2016

Prospect Provider Group RI, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]
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

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