



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit Corporation  
Fictitious Business Name Statement**

(Section 7-6-11 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**

The name of the non-profit corporation is: SOUTH COUNTY HOSPITAL HEALTHCARE SYSTEM  
ENDOWMENT

**SECTION II**

The fictitious business name to be used is: South County Health Foundation

**SECTION III**

The state or other jurisdiction under the laws of which it is incorporated is  
State: RI Country: USA

**SECTION IV**

The date of incorporation is 01/02/1920

**Signed this 8 Day of September, 2016 at 3:00:33 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

South County Hospital Healthcare System Endowment  
Name of Applicant Non-Profit Corporation

DON E. WINEBERG  
Signature of Authorized Person

Form No. 626  
Revised 09/07



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

