



# 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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CORPORATION DIV  
2016 SEP 21 PM 2:13

## APPLICATION FOR RESERVATION OF ENTITY NAME

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

**Performance Health Supply, Inc.**

*(Name to be Reserved)*

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

**(Check One Only)**

- |  | <b>Filing Fee</b> |
|--|-------------------|
| <input checked="" type="checkbox"/> <b>Business Corporation</b> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | <b>(\$50.00)</b>  |
| <input type="checkbox"/> <b>Limited Partnership</b> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended.                         | <b>(\$50.00)</b>  |
| <input type="checkbox"/> <b>Limited Liability Company</b> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended.           | <b>(\$50.00)</b>  |
| <input type="checkbox"/> <b>Non-Profit Corporation</b> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended.                 | <b>(\$20.00)</b>  |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

**FILED**

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By 284060

Date: 9/21/2016

Name and Address of Applicant:

**CT Corporation System**

**450 Veterans Memorial Parkway Ste. 7A**

**East Providence, RI 02914**

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

Submitted by:

(Signature)

(Address, if different from above)