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Filing Fee: \$50.00

ID Number:





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:

MML Senior Care Inc.	ss corporation, limited liability company or limited partnership is:
. The fictitious business name to be used	Home Instead Senior Care
. The state or territory under the laws of v	which it is incorporated, organized or formed is Rhode Island
. The date of incorporation, organization of	or formation is May 25, 2016
	f its registered office within Rhode Island is
450 Veterans Memorial Parkway Suite	e 7A, East Providence, RI 02914
. If a business corporation, the business i	in which it is engaged
Senior home care services	n which it is engaged
A . H	
. Applicant is otherwise authorized to do t	business in the state of Rhode Island.
	Under penalty of perjury, I declare that the information containe herein is true and correct.
ate: _11/1/2016	Under penalty of perjury, I declare that the information containe herein is true and correct. MML Senior Care Inc.
ate: _11/1/2016	herein is true and correct. MML Senior Care Inc.
ate:	MML Senior Care Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	MML Senior Care Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership
FILED	MML Senior Care Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership
FILED	MML Senior Care Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation
FILED	MML Senior Care Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation
FILED	MML Senior Care Inc. Name of Applicant Corporation, Limited Liability Company or Limited Partnership By Signature of Authorized Officer of the Corporation

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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

