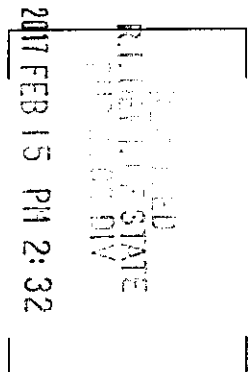




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Fictitious Business Name Statement
DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 001670493	2. Exact Name of the Corporation Epilepsy Foundation New England, Inc.
3. The fictitious business name to be used is: Matthew Siravo Memorial Foundation	
4. The corporation is organized under the laws of: Massachusetts	5. The date of incorporation is: may 9, 1983
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.	
Name of Applicant Non-Profit Corporation Epilepsy Foundation New England, Inc.	
Title of Authorized Person President	Date February 14, 2017
Signature of Authorized Person <i>Susan Linn</i> SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 15 2017
BY 295863
A.A. 2:32pm.

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 626 Non-Profit - Revised: 08/2016



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:

Nellie M. Gorbea
Secretary of State

