



**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: Visiting Nurse Services of Newport and Bristol Counties

SECTION II

The fictitious business name to be used is: Visiting Nurse Home & Hospice

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 02/17/1950

Signed this 16 Day of August, 2017 at 11:56:46 AM. *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.*

Visiting Nurse Services of Newport and Bristol Counties
Name of Applicant Non-Profit Corporation

CANDACE HALE SHARKEY, CEO
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:

August 16, 2017 11:55 AM

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

Nellie M. Gorbea
Secretary of State

