



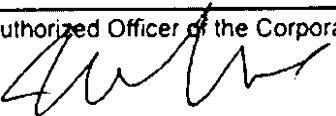
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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2017 SEP 12 PM 1:40

**Fictitious Business Name Statement**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business 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<br>000122202   | 2. Exact Name of the Corporation<br>RehabCare Group East, Inc. |                 |
| 3. List the fictitious business name to be used:<br>Kindred Hospital Rehabilitation Services   |  |                 |
| 4. List the state or country the entity is incorporated:<br>Delaware   | 5. List the date of incorporation:<br>1/7/2002                 |                 |
| 6. List the address of its registered office within Rhode Island:<br>Street Address CT Corporation System 450 VETERANS MEMORIAL PARKWAY, SUITE 7A<br>City East Providence State RHODE ISLAND Zip 02914 |  |                 |
| 7. List the business in which it is engaged:<br>healthcare services  |  |                 |
| 8. Applicant is otherwise authorized to do business in the state of Rhode Island.  |  |                 |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>                          |  |                 |
| Name of Authorized Officer of the Corporation<br>Joseph Landenwich   |  | Date<br>9/11/17 |
| Signature of Authorized Officer of the Corporation<br> 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](http://www.sos.ri.gov)

**FILED**

SEP 12 2017

BY CK 312290

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](mailto:corporations@sos.ri.gov).

FORM 624 Corporation - Revised: 06/2016

122202



**Dedicated** to Hope, Healing and Recovery

Writer's Fax No. (866) 866-3426  
Writer's Direct Dial No. (502) 596-7209  
Writer's E-mail [joseph\\_landenwich@kindredhealthcare.com](mailto:joseph_landenwich@kindredhealthcare.com)

September 12, 2017

Secretary of State of Rhode Island  
Division of Business Services  
148 W. River Street  
Providence, Rhode Island 02904

RE: Name Consent from RehabCare Group East, Inc.

Dear Sir or Madam:

On behalf of RehabCare Group East, Inc., please consider this letter as written authorization and consent for RehabCare Group Management Services, Inc. to use the fictitious name of Kindred Hospital Rehabilitation Services II in the state of Rhode Island.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Landenwich".

Joseph Landenwich  
General Counsel & Corporate Secretary  
RehabCare Group East, Inc. (a wholly owned  
subsidiary of Kindred Healthcare, Inc.)