



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Fictitious Business Name Statement**

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant limited liability company is: COMPLETE CITYWIDE HOME HEALTH CARE LLC

SECTION II

The fictitious business name to be used is: Ararat Home Health Care

SECTION III

The state or territory under the laws of which it is organized is
State: RI Country: USA

SECTION IV

The date of organization is 02/26/2018

Signed this 5 Day of March, 2018 at 1:46:36 PM. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

COMPLETE CITYWIDE HOME HEALTH CARE LLC

Name of Applicant Limited Liability Company

NAZELI AVAGYAN

Signature of Authorized Person

Form No. 624
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:

March 05, 2018 01:41 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

