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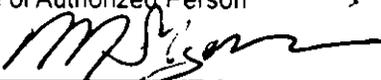
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FOR
 SECRETARY OF STATE
 USE

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 1672642	2. Exact Name of the Corporation Brown Urology, Inc.	
3. The fictitious business name to be used is: Collyer Street Operatory, Inc.		
4. The corporation is organized under the laws of: Rhode Island	5. The date of incorporation is: 4/7/2017	
<i>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.</i>		
Name of Applicant Non-Profit Corporation Brown Urology, Inc.		
Title of Authorized Person Mark Sigman, President	Date 3/28/2018	
Signature of Authorized Person  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 STAMP
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