

Filing Fee: \$50.00

ID Number: 67910



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**FICTITIOUS BUSINESS NAME STATEMENT**  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:  
American Medical Response of Massachusetts, Inc.
2. The fictitious business name to be used is American Medical Response (AMR)
3. The state or territory under the laws of which it is incorporated, organized or formed is Massachusetts
4. The date of incorporation, organization or formation is 8/29/75
5. If a business corporation, the address of its registered office within Rhode Island is \_\_\_\_\_  
CT Corporation System, 10 Weybosset St., Providence, Rhode Island 02903
6. If a business corporation, the business in which it is engaged \_\_\_\_\_  
Emergency and Non-Emergency Medical Transportation
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 3/27/03

American Medical Response of Massachusetts, Inc.  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] / VP/Asst. Sec.  
Signature of Officer for the Corporation Title

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

**FILED**

APR 02 2003

By [Signature]  
3/5/03

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