

Filing Fee: \$50.00

ID Number: 146012



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: National Mentor Healthcare, LLC
2. The fictitious business name to be used is Rhode Island Mentor
3. The state or territory under the laws of which it is incorporated, organized or formed is Delaware
4. The date of incorporation, organization or formation is October 22, 2004
5. If a business corporation, the address of its registered office within Rhode Island is
6. If a business corporation, the business in which it is engaged
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: 11-10-04

NATIONAL MENTOR HEALTHCARE, LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Signature of Officer for the Corporation Title

By Signature of Authorized Person for the Limited Liability Company Manager

By Signature of Authorized Person for the Limited Partnership

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Handwritten initials and number 69628