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 CORPORATIONS DIV
 2018 AUG 29 AM 11:12

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 528392 000529202 | | 2. Exact Name of the Corporation Care of Well Homes of Rhode Island Inc. | |
| 3. The fictitious business name to be used is: Seniorlink | | | |
| 4. The corporation is organized under the laws of: Delaware | | 5. The date of incorporation is: 2/8/2010 | |
| 6. The address of its registered office within Rhode Island is: | | | |
| Street Address 222 Jefferson BLVD, Suite 200 | | | |
| City WARWICK | | State RHODE ISLAND | Zip 02888 |
| 7. The business in which it is engaged: A tech-enabled health services company transforming care management in the home. | | | |
| 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 Statement and that the information contained herein is true and correct.</i> | | | |
| Name of Authorized Officer of the Corporation Vinny Apruzzese | | Date 8/10/2018 | |
| Signature of Authorized Officer of the Corporation  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

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 BY **10756**
AA 11:12 A.M.

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.