RI SOS Filing Number: 201877864670 Date: 9/20/2018 1:16:00 PM



Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL <u>7-6-11</u> 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	2. Exact Name of the Corporation			
000026630	Hope Hospice & Palliative Care Rhode Island			
3. The fictitious business	name to be used is:			
HopeHealth Hospice &	Palliative Care			
4. The corporation is organized under the laws of:		5. The date of incorporation is:		
Rhode Island		March 26, 1976	March 26, 1976	
	y, I declare and affirm that I h ntained herein is true and co		itious Business Name Statement and	
Name of Applicant Non-P	Profit Corporation			
Hope Hospice & Palliat	tive Care Rhode Island			
Title of Authorized Person			Date	
President & CEO			September 17, 2018	
Signature of Authorized F		OCUMENT 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 FILEDSTAMP

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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:

September 20, 2018 01:16 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

