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 CORPORATIONS DIV  
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**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 <b>000026630</b>	2. Exact Name of the Corporation <b>Hope Hospice &amp; Palliative Care Rhode Island</b>
3. The fictitious business name to be used is: <b>HopeHealth Palliative Care</b>	
4. The corporation is organized under the laws of: <b>Rhode Island</b>	5. The date of incorporation is: <b>March 26, 1976</b>
<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 <b>Hope Hospice &amp; Palliative Care Rhode Island</b>	
Title of Authorized Person <b>President &amp; CEO</b>	Date <b>September 17, 2018</b>
Signature of Authorized Person <i>[Handwritten Signature]</i> 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](http://www.sos.ri.gov)

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 BY *[Handwritten Signature]* K26WA  
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