



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**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:

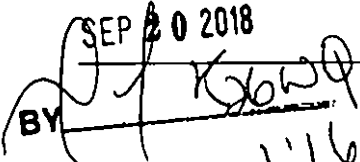
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 1. Entity ID Number<br><b>000029031</b>                                                                                                                                           | 2. Exact Name of the Corporation<br><b>Visiting Nurse of HopeHealth</b> |
| 3. The fictitious business name to be used is:<br><b>HopeHealth Visiting Nurse</b>                                                                                                |                                                                         |
| 4. The corporation is organized under the laws of:<br><b>Rhode Island</b>                                                                                                         | 5. The date of incorporation is:<br><b>April 4, 1908</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<br><b>Visiting Nurse of HopeHealth</b>                                                                                                   |                                                                         |
| Title of Authorized Person<br><b>President &amp; CEO</b>                                                                                                                          | Date<br><b>September 17, 2018</b>                                       |
| Signature of Authorized Person<br> <b>SIGN DOCUMENT HERE</b>                                   |                                                                         |

**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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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](mailto:corporations@sos.ri.gov).