



State of Rhode Island and Providence Plantations

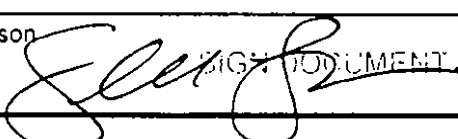
Department of State - Business Services Division

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:

1. Entity ID Number	2. Exact Name of the Corporation Ascension Health-IS, Inc.
3. The fictitious business name to be used is: Ascension Technologies	
4. The corporation is organized under the laws of: Missouri	5. The date of incorporation is: August 12, 2005
<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 Ascension Health-IS, Inc.	
Title of Authorized Person President & CEO	Date October 30, 2018
Signature of Authorized Person  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

FILED

12:19

OCT 31 2018

BY  **3SRX6**

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.

FORM 626 Non-Profit - Revised 08/2016