

Filing Fee: \$20.00

ID Number

28216



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

NON-PROFIT CORPORATION

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-6-11 of the General Laws, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1. The name of the non-profit corporation is Northwest Community Health Care
2. The fictitious business name to be used is Northwest Health Center
3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
4. The date of incorporation is September 23, 1929

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: May 30, 2002

Northwest Community Health Care

Print Name of Applicant Non-Profit Corporation

By

Beverly Thelma

Signature of Authorized Person

President

Title

FILED

MAY 30 2002

By AME

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