Filing Fee: \$50.00 ID Number: <u>04-3312750</u>



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

105727

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

FICTITIOUS BUSINESS NAME STATEMENT

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious business name:

1.	The legal name of the applicant business corpo	ration, limited liability company or limited partnership is:
	East Bay Animal Hospital, Inc.	
2.	The fictitious business name to be used isE	ast Bay Veterinary Clinic
3.	The state or territory under the laws of which it i	s incorporated, organized or formed is <u>Massachusetts</u>
4.	The date of incorporation, organization or forma	ation is
5.	If a business corporation, the address of its regi	stered office within Rhode Island is
	265 Gano St., Providence, RI 02906	· · · · · · · · · · · · · · · · · · ·
6.	If a business corporation, the business in which	it is engaged Veterinary Hospital
7.	Applicant is otherwise authorized to do business	s in the State of Rhode Island. Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	ited, 19_ <u>99</u>	East Bay Animal Hospital, Inc. (Name of Applicant Corporation, Limited Liability Company or Limited Partnership)
	APR 0 5 1999	By Pres. (Signature of Officer for the Corporation) (Title) or
06. 1445 Z 0 800		By(Authorized Person for the Limited Liability Company) or
	alvi	By(Authorized Person for the Limited Partnership)