



2019 JUL 22 AM 9: 54

Fictitious Business Name Statement

DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

1. Entity ID Number:

Pursuant to the provisions of RIGL <u>7-6-11</u> 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:

2. The name of corporation:

000028426	Lifespan Physician Group, Inc.			
3. The fictitious business nam	ne to be used is:		'	
Lifespan Urgent Care				
4. The corporation is organized under the laws of:		5. The date of incorpora	5. The date of incorporation is:	
Rhode Island		January 22, 1981	January 22, 1981	
Under penalty of perjury, I dec information contained herein		examined this Fictitious Busir	ness Name Statement and that the	
Name of Applicant Non-Profit				
Lifespan Physician Group,	Inc.			
Title of Authorized Person		· · · · · · · · · · · · · · · · · · ·	Date	
President			7/18/2019	
Signature of Authorized Person	7	OCUMENT HERE	Steven Lampert, MD, MBA President Lifospan Physician Group, Inc.	
MAIL TO: Division of Business Services 148 W. River Street. Providence. F Phone: (401) 222-3040 Website: www.sos.ri.gov	Rhode Island 02904-2615	FILED JUL 22 2015 KL DX7P Q:5		