

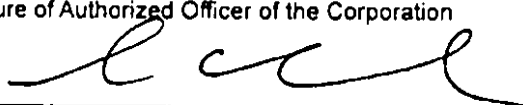


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Fictitious Business Name Statement
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business 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 153863	2. Exact Name of the Corporation ISD Renal, Inc.	
3. The fictitious business name to be used is North Providence Renal Center		
4. The corporation is organized under the laws of: Delaware		5. The date of incorporation is: 03/03/2005
6. The address of its registered office within Rhode Island is: Street Address 222 Jefferson Boulevard, Suite 200		
City Warwick	State RHODE ISLAND	Zip 02888
7. The business in which it is engaged: Kidney Care Services		
8. Applicant is otherwise authorized to do business in the state of Rhode Island. <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 Authorized Officer of the Corporation Samantha A. Caldwell, Secretary		Date 9/11/2019
Signature of Authorized Officer of the Corporation 		

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

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BY 

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 624A Corporation - Revised 11/2017

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