Filing Fee: \$50.00

ID Number: 1700334



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

SECRETARY OF STATE CORPORATIONS DIV

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 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.	ne legal name of the applicant business corporation, limited liability company or limited partnership is: areMarket, Inc.	
2.	The fictitious business name to be used is	Carespree
3.	The state or territory under the laws of which	th it is incorporated, organized or formed is Indiana
4.	The date of incorporation, organization or fo	ormation is 05/13/2019
5.	If a business corporation, the address of its registered office within Rhode Island is 450 Veterans Memorial Highway, Suite 7A, East Providence, RI 02914	
6.	If a business corporation, the business in w	hich it is engaged software solutions - digital marketplace for
7.	Applicant is otherwise authorized to do bus	Iness in the state of Rhode Island. Under penalty of perjury, I declare that the information contained
Da	_{to:} 10/18/2019	herein is true and correct. CareMarket, Inc.
Date: 10/18/2019		Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	FILED	By Signature of Authorized Officer of the Corporation
	OCT 22 2019 BY Ch V T3CV	By
	, ,	BySignature of Authorized Person for the Limited Partnership