Filing Fee: \$50.00

ID Number: <u>7922</u>73



## 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 BLV

## 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.	The legal name of the applicant business corporation, limited liability company or limited partnership is:  Travel Staff, LLC	
2.	The fictitious business name to be used is Cross	Country Nurses
3.	The state or territory under the laws of which it is in	ncorporated, organized or formed is Delaware
4.	The date of incorporation, organization or formation	n is _12/14/1999
5.	If a business corporation, the address of its registered office within Rhode Island is  222 Jefferson Blvd., Suite 200, Warwick, RI 02888	
6.	If a business corporation, the business in which it is engaged healthcare staffing	
7.	Applicant is otherwise authorized to do business in the state of Rhode Island.	
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	te: 10/16/19	Travel Staff, LLC
-		Name of Applicant Corporation, Limited Liability Company or Limited Partnership
		By Signature of Authorized Officer of the Corporation
	FILED	<u>or</u>
	007 29 2019 TJJJJB	By Signature of Authorized Person for the Limited Liability Company  or
	BY 9:06	By