ID Number <u>26144</u>



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

**NON-PROFIT CORPORATION** 

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FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-6-11 of the General Laws, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1.	The name of the non-profit co	orporation is Delta Dental of Rhode Island	
2.	The fictitious business name to be used isAltus Benefit Administrators, Inc.		
3.	The state or other jurisdiction under the laws of which it is incorporated is Rhode Island		Rhode Island
1.	The date of incorporation is	September 22, 1959	
D	Date: 4/25/05	Under penalty of perjury, I declare that the information contained herein is true and correct.  Delta Dental of Rhode Island  Print Name of Applicant Non-Profit Corporation	
		By June	nature of Authorized Person
		<u>President</u>	Title
	FILED		

APR 2 5 2005

By Konc

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