

Filing Fee: \$20.00

ID Number 26279



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

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 corporation is Thundermist Health Center.
2. The fictitious business name to be used is Thundermist Health Center for Women & Children.
3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island.
4. The date of incorporation is May 16, 1974.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: July 31, 2002

Thundermist Health Center
Print Name of Applicant Non-Profit Corporation

By: [Signature]
Signature of Authorized Person

PRESIDENT/CEO
Title

FILED

AUG 13 2002

By [Signature] 289556

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SECRETARY OF STATE
CORPORATIONS DIV.
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