

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 of South County.
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]*
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SECRETARY OF STATE
CORPORATIONS DIV.
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