

Filing Fee: \$20.00

ID Number: 31496



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 Kent County Memorial Hospital
- 2. The fictitious business name to be used is Kent Primary Care Associates
- 3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
- 4. The date of incorporation is April 25, 1946

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

Dated May 28, 1999

Kent County Memorial Hospital
(Name of Applicant Non-profit Corporation)

By [Signature]
(Signature of Authorized Person)

Vice President - General Counsel
(Title)

66, WEST ST. 02903
RECEIVED
JUN 03 1999
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FILED
JUN 03 1999
BY [Signature]