

Filing Fee: \$20.00

ID Number 45192



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 AIDS CARE OCEAN STATE, INC.
2. The fictitious business name to be used is Sunrise Community Housing *SK*
3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
4. The date of incorporation is December 8, 1987

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

Date: July, 2004

AIDS CARE OCEAN STATE, INC.

Print Name of Applicant Non-Profit Corporation

By

Ronald M. Pro
Signature of Authorized Person

Chief Operating Officer
Title

NO. 11 21 2004
STATE OF RHODE ISLAND
CORPORATIONS DIVISION
PROVIDENCE

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By Kmc

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