

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 Family Aids Center for Treatment and Support (F.A.C.T.S.)
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 *Roland M. Orsini*
Signature of Authorized Person

Chief Operating Officer
Title

RECEIVED
SECRETARY OF STATE
JUL 12 2004

FILED

JUL 12 2004

By KML

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