Filing Fee: \$20.00

ID Number 125361



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:

Tamarisk, Inc.

1.	The name of the non-profit corporation is	lamarisk, Inc.
2.	The fictitious business name to be used is _	Tamarisk - Enriched Assisted Living
3.	The state or other jurisdiction under the laws	s of which it is incorporated isRhode_Island
4.	The date of incorporation is	une 19, 2002
D	ate: <u>Movember 13; 2003</u>	Under penalty of perjury, I declare that the information contained herein is true and correct. Tamarisk, Inc. Print Name of Applicant Non-Prof.t Corporation By Signature of Authorized Person Title

FILED

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