

Filing Fee: \$10.00



FICTITIOUS BUSINESS NAME STATEMENT OF

COMPREHENSIVE REHABILITATION ASSOCIATES, INC. (Correct Name of Corporation)

To the Secretary of State of the State of Rhode Island

Pursuant to the provisions of Section 7-1.1-7.1 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

FIRST: Fictitious Business name to be used

CLAIMS REVIEW ASSOCIATES

SECOND: Name of applicant corporation COMPREHENSIVE REHABILITATION ASSOCIATES, INC.

THIRD: Incorporated under the laws of MASSACHUSETTS

FOURTH: Date of incorporation DECEMBER 11, 1978

FIFTH: Business in which engaged

COST CONTAINMENT SERVICES TO THE INSURANCE INDUSTRY

SIXTH: Address of registered office within Rhode Island

240 CHESTNUT STREET, WARWICK, RHODE ISLAND

SEVENTH: Applicant is otherwise qualified to do business in the State of Rhode Island.

Dated X 4/25, 19 90

(This statement shall expire five (5) years from date of filing)

COMPREHENSIVE REHABILITATION ASSOCIATES, INC.

(Applicant)

By X

Its X

Handwritten signature: Lawrence Sherman

RECEIVED  
SECRETARY OF STATE  
CORPORATE & FINANCIAL DIV.

MAY 9 11 07 AM '90

Rec'd & Filed MAY 09 1990

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