



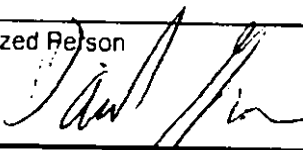
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2020 JUN 23 PM 12:40

Fictitious Business Name Statement
DOMESTIC or FOREIGN Limited Liability Company
→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number 001708851	2. Exact Name of the Limited Liability Company HEMOCARE THERAPIES L.L.C.
3. The fictitious business name to be used is: HORIZON HEALTHCARE STAFFING	
4. The limited liability company is organized under the laws of: NEW YORK	5. The date of formation is: 6/17/2020
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>	
Name of Applicant Limited Liability Company HEMOCARE THERAPIES L.L.C.	Date 6/23/2020
Signature of Authorized Person  DAVID J. PARNELL	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.