RI 02886

Filing Fee: \$10.00

FICTITIOUS BUSINESS NAME STATEMENT

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:

| busi | | node Island | under a fictitious name: be used R hode Island Student Assistance Program |
|--|---------------------------------|--------------------------|--|
| | There is a second of the second | ess hame to | be used. Rinode Island Student Assistance Program |
| | SECOND: Name of appl | | ration Rhode Island Employee Assistance Program Inc. |
| | THIRD: Incorporated u | | ws of State of Rhode Island |
| Fourth: Date of incorporation November 9, 1984 | | | November 9, 1984 |
| | | | l To provide comprehensive assessment, referral and e abuse, mental health or other personal problems. |
| | Sixтн: Address of regis | stered office | e within Rhode Island 33 College Hill Road, Warwick, |
| | SEVENTH: Applicant is | wherwise | qualified to do business in the State of Rhode Island. |
| Date | ed April-8,, 19 | %31 <u>%</u> 88 | Rec'd & Filed APR 28 1988 |
| | | FAID | Nohit W. Maclonall |
| | | CP10 CHEK 0098A001 | (Applicant) By Robert W. MacDoneld |
| | | 1001 | Its Executive Director/Authorized Agent |
| MACT | 32 | 10 | |

.00