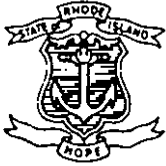


Filing Fee: \$50.00

ID Number: 87423



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**FICTITIOUS BUSINESS NAME STATEMENT**  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: A Caring Experience Nursing Services Inc
2. The fictitious business name to be used is Home Care Assistance Inc
3. The state or territory under the laws of which it is incorporated, organized or formed is R.I
4. The date of incorporation, organization or formation is 12/95
5. If a business corporation, the address of its registered office within Rhode Island is Jim Bigos  
1725 MENDON ROAD, Suite 209, CUMBERLAND, RI 02824
6. If a business corporation, the business in which it is engaged nursing & PERSONAL CARE  
Facilities
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 4/22/04

A Caring Experience Nursing Services Inc  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

**FILED**

**APR 26 2004**

**BY M29035**

By [Signature] Pres  
Signature of Officer for the Corporation Title

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership