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

STATEMENT OF ABANDONMENT OF
USE OF FICTITIOUS BUSINESS NAME
(to be filed in District)

Pursuant to the provisions of Section 7-1.1-7.1, 7-13-9 or 7-13.2 of the General Laws, 1956, as amended, and in order to do so, business corporation, limited liability company or limited partnership hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the following:

- 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 being abandoned is A. Caring Companionship
- 3. The date when the original fictitious business name statement was filed is 7/6/92?
- 4. The state or territory under the laws of which it is incorporated, organized or formed is RI
- 5. The date of incorporation, organization or formation is 6/96
- 6. If a business corporation, the address of the registered office within Rhode Island is 1725 Mendon Road; Suite 209; Cumberland; RI 02864

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

Date: 5/27/03

D. M. Pennacis
Name of Applicant, the corporation, limited liability company or partnership

FILED

MAY 27 2003
By KMC
320069

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

By _____
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

MAY 27 1 06 PM '03

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.