



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)

In compliance with the provisions of Section 7-1-1-7.1, 7-15-9 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 Clinical Staffing Services
- 3. The state or territory under the laws of which it is incorporated, organized or formed is RI
- 4. The date of incorporation, organization or formation is 6/96
- 5. If a business corporation, the address of its registered office within Rhode Island is 1725 MENDON ROAD, Suite 209, CUMBERLAND, RI 02864
- 6. If a business corporation, the business in which it is engaged STAFFING Services
- 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: 5/27/03

D. M. Benuccio
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED
MAY 27 2003
By KMC
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EO, Hd 90 1 17 AM

By L.H. Rhin 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