

Filing Fee: \$50.00

ID Number: 87483



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:

- The legal name of the applicant business corporation, limited liability company or limited partnership is: A CARING EXPERIENCE NURSING SERVICES INC.
- The fictitious business name to be used is A CARING COMPANIONSHIP LLC
- The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
- The date of incorporation, organization or formation is 6/94
- If a business corporation, the address of its registered office within Rhode Island is 21 Douglas Ave; Providence RI 02908
- If a business corporation, the business in which it is engaged Home Care; Relief Services
WITHIN THE MEDICAL INDUSTRY
- 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: 7/23/01

A CARING EXPERIENCE NURSING SERVICES INC.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED

JUL 25 2001

By SC 86
268530

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

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