

Filing Fee: \$20.00

ID Number 51698



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

NON-PROFIT CORPORATION

FICTITIOUS BUSINESS NAME STATEMENT
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-6-11 of the General Laws, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1. The name of the non-profit corporation is KENT County MENTAL HEALTH CENTER
2. The fictitious business name to be used is The Kent Center for Human and Organizational DEVELOPMENT
3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
4. The date of incorporation is March 19, 1975

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

Date: 5/22/02

KENT County MENTAL HEALTH CENTER, INC.
Print Name of Applicant Non-Profit Corporation

By [Signature]
Signature of Authorized Person

PRESIDENT / CEO
Title

FILED

MAY 22 2002

By CLF 43 284419