



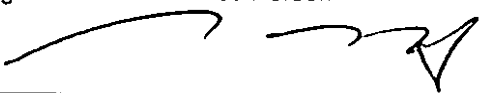
State of Rhode Island
Department of State - Business Services Division

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Fictitious Business Name Statement
DOMESTIC or FOREIGN Non-Profit Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-6-11 the undersigned non-profit corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

| | |
|---|--|
| 1. Entity ID Number: 001716871 | 2. The name of corporation: New England Care Packages |
| 3. The fictitious business name to be used is: NECP | |
| 4. The corporation is organized under the laws of: Rhode Island | 5. The date of incorporation is: January 1, 2021 |
| <i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i> | |
| Name of Applicant Non-Profit Corporation New England Care Packages | |
| Title of Authorized Person Richard F. Hentz, Director | Date February 15, 2021 |
| Signature of Authorized Person  | |

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 19, 2021 09:28 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

