



State of Rhode Island

Department of State - Business Services Division

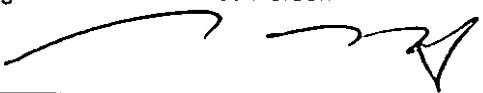
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## Fictitious Business Name Statement

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](http://www.sos.ri.gov)

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 626 Non-Profit - Revised 08/2020