State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Domestic Limited Partnership
Fictitious Business Name Statement

(Section 7-13-2 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant limited partnership is: St. Elizabeth Assisted Living, L.P.

SECTION II

The fictitious business name to be used is: Saint Elizabeth Assisted Living

SECTION III

The state or territory under the laws of which it is formed is
State: RI Country: USA

SECTION IV

The date of formation is 04/25/2001

SECTION V

Applicant is otherwise authorized to do business in the state of Rhode Island.

Signed this 30 Day of July, 2021 at 4:11:03 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.*

St. Elizabeth Assisted Living, L.P.
Name of Applicant Limited Partnership

MATTHEW R. TRIMBLE
Signature of Authorized Person

Form No. 624
Revised 09/07

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:

July 30, 2021 04:09 PM

Nellie M. Gorbea
Secretary of State